

A. Type of Facility Reviewed

- ☐ ICE Service Processing Center
☐ ICE Contract Detention Facility
☒ ICE Intergovernmental Service Agreement

Estimated Man-days Per Year
708,100

B. Current Inspection

Type of Inspection
☐ Field Office ☒ HQ Inspection

Date[s] of Facility Review
10/04/2016 - 10/06/2016

C. Previous/Most Recent Facility Review

Date[s] of Last Facility Review
10/06/2015- 10/08/2015

Previous Rating
☒ Meets Standards ☐ Does Not Meet Standards

D. Name and Location of Facility

Name
Adelanto Detention Facility West
Address (Street and Name)
10250 Rancho Road
City, State and Zip Code
Adelanto, CA 92301
County
San Bernadino
Name and Title of Facility Administrator
(Warden/OIC/Superintendent)
James Janecka-Warden
Telephone # (Include Area Code)
760-561-(b)(6);(b)(7)(C) 1103 Cell: (b)(6);(b)(7)(C)
Field Office / Sub-Office (List Office with oversight responsibilities)
Los Angeles
Distance from Field Office
85 miles

E. ICE Information

Name of Inspector (Last Name, Title and Duty Station)
(b)(6);(b)(7)(C) LCI, Detainee Rights SME / Nakamoto Group

Name of Team Member / Title / Duty Location
(b)(6);(b)(7)(C) Medical SME / Nakamoto Group

Name of Team Member / Title / Duty Location
(b)(6);(b)(7)(C) Safety SME / Nakamoto Group

Name of Team Member / Title / Duty Location
(b)(6);(b)(7)(C) / Security SME / Nakamoto Group

Name of Team Member / Title / Duty Location
/ /

F. CDF/IGSA Information Only

Contract Number
EROIGSA-11-003
Date of Contract or IGSA
06/1/2016

Basic Rates per Man-Day
(b)(7)(E)

Other Charges: (If None, Indicate N/A)
GTI; 43513.26 Monthly; Detainee work program 1.00;

G. Accreditation Certificates

List all State or National Accreditation[s] received:
ACA (2/2014) NCCHC (4/2016)

☐ Check box if facility has no accreditation[s]

H. Problems / Complaints (Copies must be attached)

The Facility is under Court Order or Class Action Finding
☐ Court Order ☐ Class Action Order

The Facility has Significant Litigation Pending
☐ Major Litigation ☐ Life/Safety Issues

☒ Check if None.

I. Facility History

Date Built
August 2012
Date Last Remodeled or Upgraded
Expansion Completed July 1, 2015
Date New Construction / Bedspace Added
July 1, 2015 640 Beds added
Future Construction Planned
☐ Yes ☒ No Date:
Current Bedspace 1280 Future Bedspace (# New Beds only)
Number: N/A Date: N/A

J. Total Facility Population

Total Facility Intake for previous 12 months
9,202

Total ICE Mandays for Previous 12 months
589, 137

K. Classification Level (ICE SPCs and CDFs Only)

	L-1	L-2	L-3
Adult Male	480	372	444
Adult Female	N/A	N/A	N/A

L. Facility Capacity

	Rated	Operational	Emergency
Adult Male	1280	1280	1392
Adult Female	N/A	N/A	N/A
<input type="checkbox"/> Facility holds Juveniles Offenders 16 and older as Adults			

M. Average Daily Population

	ICE	USMS	Other
Adult Male	1218	N/A	N/A
Adult Female	N/A	N/A	N/A

N. Facility Staffing Level

Security: (b)(7)(E) Support:

Significant Incident Summary Worksheet

For The Nakamoto Group to complete its review of your facility, the following information must be completed prior to the scheduled review dates. The information on this form should contain data for the past twelve months in the boxes provided. The information on this form is used in conjunction with the ICE Detention Standards in assessing your Detention Operations against the needs of the ICE and its detained population. This form should be filled out by the facility prior to the start of any inspection. Failure to complete this section will result in a delay in processing this report and the possible reduction or removal of ICE detainees at your facility.

<i>Incidents</i>	<i>Description</i>	Jan – Mar	Apr – Jun	Jul – Sept	Oct – Dec
Assault: Offenders on Offenders ¹	Types (Sexual ² , Physical, etc.)	10	10	5	19
	With Weapon	0	0	0	0
	Without Weapon	10	10	5	19
Assault: Detainee on Staff	Types (Sexual Physical, etc.)	5	2	1	4
	With Weapon	0	0	0	0
	Without Weapon	5	2	1	4
Number of Forced Moves, incl. Forced Cell moves ³		0	0	0	0
Disturbances ⁴		5	0	2	1
Number of Times Chemical Agents Used		3	1	1	3
Number of Times Special Reaction Team Deployed/Used		0	0	1	1
# Times Four/Five Point Restraints applied/used	Number/Reason (M=Medical, V=Violent Behavior, O=Other)	0	0	0	0
	Type (C=Chair, B=Bed, BB=Board, O=Other)	0	0	0	0
Number of Times Canines Used in Facility		0	0	0	0
Offender / Detainee Medical Referrals as a result of injuries sustained.		0	0	0	0
Escapes	Attempted	0	0	0	0
	Actual	0	0	0	0
Grievances:	# Received	134	88	87	83
	# Resolved in favor of Offender/Detainee	65	29	20	25
Deaths	Reason (V=Violent, I=Illness, S=Suicide, A=Attempted Suicide, O=Other)	I= 1	N/A	N/A	N/A
	Number	1	N/A	N/A	N/A
Psychiatric / Medical Referrals	# Medical Cases referred for Outside Care	171	208	113	153
	# Psychiatric Cases referred for Outside Care	10	21	15	17

¹ Any attempted physical contact or physical contact that involves two or more offenders

² Oral, anal or vaginal penetration or attempted penetration involving at least 2 parties, whether it is consenting or non-consenting

³ Routine transportation of detainees/offenders is not considered "forced"

⁴ Any incident that involves four or more detainees/offenders, includes gang fights, organized multiple hunger strikes, work stoppages, hostage situations, major fires, or other large scale incidents.

DHS/ICE Detention Standards Review Summary Report				
1. Meets Standards	2. Does Not Meet Standards	3. Repeat Finding	4. Not Applicable	
1	2	3	4	
PART 1 SAFETY				
1	Emergency Plans	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Environmental Health and Safety	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Transportation (By Land)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PART 2 SECURITY				
4	Admission and Release	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Classification System	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Contraband	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Facility Security and Control	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Funds and Personal Property	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Hold Rooms in Detention Facilities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Key and Lock Control	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Population Counts	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	Post Orders	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	Searches of Detainees	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	Sexual Abuse and Assault Prevention and Intervention	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	Special Management Units	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	Staff-Detainee Communication	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	Tool Control	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	Use of Force and Restraints	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PART 3 ORDER				
19	Disciplinary System	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PART 4 CARE				
20	Food Service	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21	Hunger Strikes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22	Medical Care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23	Personal Hygiene	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24	Suicide Prevention and Intervention	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25	Terminal Illness, Advance Directives, and Death	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PART 5 ACTIVITIES				
26	Correspondence and Other Mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27	Escorted Trips for Non-Medical Emergencies	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
28	Marriage Requests	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29	Recreation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30	Religious Practices	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31	Telephone Access	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32	Visitation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33	Voluntary Work Program	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PART 6 JUSTICE				
34	Detainee Handbook	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35	Grievance System	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36	Law Libraries and Legal Material	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37	Legal Rights Group Presentations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PART 7 ADMINISTRATION & MANAGEMENT				
38	Detention Files	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39	News Media Interviews and Tours	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40	Staff Training	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41	Transfer of Detainees	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

LCI Review Assurance Statement

By signing below, the Lead Compliance Inspector (LCI) certifies that all findings of noncompliance with policy or inadequate controls contained in the Inspection Report are supported by evidence that is sufficient and reliable. Furthermore, findings of noteworthy accomplishments are supported by sufficient and reliable evidence. Within the scope of the review, the facility is operating in accordance with applicable law and policy, and property and resources are efficiently used and adequately safeguarded, except for the deficiencies noted in the report.

Lead Compliance Inspector: (Print Name) (b)(6),(b)(7)(C)	Signature (b)(6),(b)(7)(C)
Title & Duty Location Lead Compliance Inspector, The Nakamoto Group, Inc.	Date 10/06/2016

Team Members

Print Name, Title, & Duty Location (b)(6),(b)(7)(C) Medical SME, The Nakamoto Group	Print Name, Title, & Duty Location (b)(6),(b)(7)(C) Safety SME, The Nakamoto Group
Print Name, Title, & Duty Location (b)(6),(b)(7)(C) Security SME, The Nakamoto Group	Print Name, Title, & Duty Location

Recommended Rating:

☒ Meets Standards
☐ Does Not Meet Standards

Comments: This inspection was conducted to determine overall compliance with the ICE Performance-Based National Detention Standards 2011 (42 standards), which include the following additions/changes to the standards listed on page three:

- Medical Care (Women), a new standard, was not applicable;
- Classification System is now titled Custody Classification System;
- Suicide Prevention and Intervention is now titled Significant Self-Harm and Suicide Prevention and Intervention;
- Escorted Trips for Non-Medical Emergencies is now titled Trips for Non-Medical Emergencies;
- News Media Interviews and Tours is now titled Interviews and Tours, and
- Transfer of Detainees is now titled Detainee Transfer

There is no medical co-pay for ICE detainees. There were no serious suicide attempts during the inspection period. There was one death of a detainee. On 12/19/2015, a 54-year-old Hispanic detainee suffered a massive cardiac arrest and was transported to the local hospital. The detainee died of the complications on 12/23/2015.

There were thirteen allegations of sexual assault or abuse involving ICE detainees, ten of which were unsubstantiated or unfounded. Three are still under investigation. In all instances, proper protocols and documentation were utilized and the appropriate measures were taken initially to protect the possible victims.

Tasers are not used and canines are not deployed at this facility. Supervisors carry chemical agents and deploy as needed. There were sixteen immediate physical responses and one planned physical response to detainee resistance during the inspection period. Many of the immediate responses were to break up altercations between detainees. The incidents were reviewed and all force was determined to be justified and applied only to the degree necessary to control each situation. All parties were screened by medical staff.

Sections F., J., and N., as reported on the SIS, are combined with the numbers from the adjacent facility.

Department of Homeland Security

Immigration and Customs Enforcement: Office of Enforcement and Removal Operations

Condition of Confinement Inspection Worksheet

(This document must be attached to each G-324A Detention Review Form)

This Form is to be used for Inspections of Facilities used over 72 Hours



**Performance-Based National Detention Standards 2011 Inspection Worksheet
for Over 72 Hour Facilities**

REVIEW TEAM USE: (Edits Permitted, ALL FIELDS REQUIRED)

Facility Information			
Facility Name: Adelanto Detention Facility West		Review Purpose: Annual	
Facility Type: IGSA Intergovernmental Service Agreement (IGSA), ICE Service Processing Center (SPC), ICE Contract Detention Facility (CDF)			
Address:	10250 Rancho Road		
City: Adelanto	State: CA	Zip: 92301	
County:	San Bernardino		
CEO Name:	(b)(6),(b)(7)(C)	CEO Title: Warden	
Review Information (Use following format for dates: mm/dd/yyyy)			
Start Date: 10/4/2016	End Date: 10/7/2016	Review Type: Headquarters	
Lead Name:	(b)(6),(b)(7)(C)	Lead Title: LCI	
Review Document Issue Summary (See Document Check Section to Review/Update)			
Error(s) Found:	0	Items Not Rated:	0

ICE HQ USE ONLY: (DO NOT EDIT*)

Form Name: G324A_PBNDS	Form Key: 8	Form Date: 11/14/2012	
Form Type: PBNDS	Form Review Type: Annual	Form Over/Under 72 Status: 072	

*If Edits are required, contact ICE HQ for an updated form.

FOR OFFICIAL USE ONLY (LAW ENFORCEMENT SENSITIVE)

G-324A (Coded 10122010) Detention Review Worksheet - Rev: 11/14/2012 - Form Key 8

2018-ICLI-00041 4732

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INTRODUCTION TO THE G324A OVER 72 HOUR FACILITY DETENTION REVIEW WORKSHEETS

The revised Performance-Based National Detention Standards (PBNDS 2011) were designed to better address the needs of ICE's detainee population while maintaining a safe and secure detention environment for staff and detainees. The revised standards build on the requirements of PBNDS 2008 to improve medical and mental health services, increase access to legal services and religious opportunities, improve communication with detainees with limited English proficiency, improve the process for reporting and responding to complaints, and increase recreation and visitation. The PBNDS 2011 follows the overall structure and organization of the PBNDS 2008, but adds one additional standard to Section 4 on Women's Medical Care, and applies certain italicized requirements to dedicated inter-governmental service agreement (IGSA) facilities, in addition to service processing centers (SPCs) and contract detention facilities (CDFs).

WHAT IS "PERFORMANCE-BASED"?

Unlike "policy and procedures" that focus solely on what is to be done, performance-based policy starts with a focus on the results or outcomes that the required procedures are expected to accomplish. Each performance-based standard has been revised to produce Expected Outcomes that are clearly stated. Each standard reflects the overall mission and purpose of the agency and contributes to the goal that has been articulated.

Expected Practices found in the PBNDS represent what is to be done to accomplish the Expected Outcomes that will meet the Purpose and Scope of the detention standard.

WORKSHEET OVERVIEW

Detention Review Worksheets are used to assess facility compliance with ICE detention standards. This set of worksheets is derived from the policies and procedures set forth in the PBNDS 2011. The G324A is for use with facilities that house detainees for over 72 hours.

Various line items in the worksheets have been designated as "Priority." Priority components replace mandatory components in earlier PBNDS 2008 worksheets, and represent those PBNDS requirements that ICE deems of critical importance for ensuring adequate conditions of confinement and the safety and security of detainees and staff at all ICE authorized detention facilities.

WORKSHEET COMPLETION

Reviewers are required to complete each item within each section of the G324A Detention Review Worksheets. Worksheets are in a uniform format with three columns, with PBNDS purpose and scope stated at the top of the worksheet. Column one contains the relevant standard line item. Column two contains a dropdown menu for each row where a rating can be assigned to a given line item. In addition to rating options for “Meets Standard” and “Does Not Meet Standard,” there is an option for the review team to select “N/A.” The “N/A” rating should be used only rarely and where applicable. In addition, the remarks section for each line item should be filled out in as much detail as possible. If the review team fails to assign a rating to a given line item, the default rating and thus the assigned rating on the worksheet will show as “Not Rated.”

There is also a summary remarks and rating section at the end of each standard that must be completed by the assigned reviewer. The remarks should be filled out with sufficient detail to assist the Review Authority in accurately assessing overall facility compliance to the PBNDS.

Section I: SAFETY

**Emergency Plans
Environmental Health and Safety
Transportation (By Land)**

STANDARD 1.1. EMERGENCY PLANS (Key: A)

This detention standard ensures a safe environment for detainees and employees by establishing contingency plans to quickly and effectively respond to emergency situations and to minimize their severity.

Components	Rating	Remarks (1000 Char Max)
1. Staff are trained to identify signs of detainee unrest.	Meets Standard	Officers receive initial and annual training in identifying signs of detainee unrest.
2. All staff receive training in emergency preparedness during their initial orientation, and training on the facility's emergency plans at least annually.	Meets Standard	Training in emergency preparedness is provided to all employees during initial and annual training.
3. PRIORITY: The facility shall have in place contingency plans for responding to emergencies, including a locally approved and annually updated evacuation plan.	Meets Standard	The facility has comprehensive contingency plans in place. The locally approved evacuation plan was reviewed and updated 09/23/2016.
4. Contingency plans shall include procedures for handling special needs detainees during an emergency or evacuation.	Meets Standard	
5. The facility administrator shall notify facility staff in a timely manner when changes are made to the emergency plan.	Meets Standard	
6. <i>(SPCs/CDFs) Each SPC and CDF shall develop contingency plans with local, State, and Federal law enforcement agencies and formalize those agreements with Memoranda of Understanding (MOUs). The facility administrator shall review and approve contingency plans at least annually.</i>	Meets Standard	This DIGSA has contingency plans with local, state and federal law enforcement agencies and hospitals which are formalized in memoranda of understanding. These plans are reviewed annually by the OIC.
7. Every plan that is being developed or is final must include a statement prohibiting unauthorized disclosure.	Meets Standard	Each emergency plan is marked confidential and unauthorized disclosure is prohibited.
8. The facility shall establish written policy and procedures addressing, at a minimum: chain of command, command post/center, staff recall, staff assembly, emergency response components, use of force, video recording, records and logs, utility shutoff, employee conduct and responsibility, public relations, facility security, etc.	Meets Standard	A review of documentation confirmed that each of the requirements of this component is included in policy.
9. <i>(SPCs/CDFs) The facility shall set up a primary command post outside the secure perimeter that is equipped as per the Emergency Plan standard.</i>	Meets Standard	The primary command post at this DIGSA is located outside the secure perimeter and is equipped in accordance with the Emergency Plans standard.
10. At least one video camera shall be maintained in the Control Center for use in emergency situations.	Meets Standard	
11. Emergency plans include emergency medical treatment for staff and detainees during and after an incident.	Meets Standard	The requirement for emergency medical treatment for employees and detainees during and after

STANDARD 1.1. EMERGENCY PLANS (Key: A)

This detention standard ensures a safe environment for detainees and employees by establishing contingency plans to quickly and effectively respond to emergency situations and to minimize their severity.

Components	Rating	Remarks (1000 Char Max)
		an incident is included in the emergency plans.
12. The FSA shall make contingency plans for providing meals to detainees and staff during an emergency, including access to community resources, which the FSA shall negotiate during the planning phase.	Meets Standard	
13. The plan shall include post-emergency procedures.	Meets Standard	Post-emergency procedures are included in the plans.
14. Written procedures cover: <ul style="list-style-type: none"> • Work/Food Strike • Fire • Environmental Hazard • Detainee Transportation System Emergency • ICE-wide Lockdown • Staff Work Stoppage • Disturbances • Escapes • Bomb Threats • Adverse Weather • Internal Searches • Facility Evacuation • Detainee Transportation System Plan • Hostages (Internal) • Civil Disturbances • If needed, other site-specific plans 	Meets Standard	A review of the emergency plans confirmed that written procedures have been developed for each of the contingencies required by this component.

STANDARD 1.1. EMERGENCY PLANS – Reviewer Summary

(Use following format for dates: mm/dd/yyyy)

Overall Remarks: (Record significant facts, observations, other sources used, etc.)(5000 Character Max)

A review of the facility emergency procedures and interviews with the chief of security established that the facility has plans in place for emergencies which may occur. These plans are considered confidential and are handled accordingly. Officers are well versed in monitoring the detainee climate within the facility. All officers receive training on the emergency plans during both initial and annual training.

The compliance coordinator, under the direction of the OIC, is responsible for developing and implementing emergency contingency plans. All plans address confidentiality, accountability, review and revision. Each plan includes procedures for rendering emergency assistance to other facilities in the form of supplies, transportation, and temporary housing, etc.

In the development of plans, the input of all department heads is solicited and they are made aware of their responsibility to be fully ready to exercise that responsibility under the plan. An accurate inventory of equipment identified for use during implementation of the plan is maintained and reviewed at least every six months. Emergency plans are updated as often as necessary and forwarded to the OIC for approval. Reviews of plans are conducted annually, with participation from every

STANDARD 1.1. EMERGENCY PLANS – Reviewer Summary*(Use following format for dates: mm/dd/yyyy)*

department head. Annual reviews and approval of the plans are recorded on the master copy of the emergency plan file, even if the review resulted in no changes. The OIC determines where copies of the various plans are to be stored, and in what quantity. A master copy of the plans is maintained outside the secure perimeter, along with an itemized list of plans and where they can be found.

General requirements for emergency plans implementation include policy and procedure for alternative means of reaching the facility for emergency staff if the main approach becomes dangerous or inaccessible; how and when staff notify nearby residents of the situation, including type of emergency, actions being taken, evacuation routes if applicable, and special precautions; and types of radio equipment to be utilized during the emergency, and where battery charging stations are to be located.

Overall Rating: Meets Standard**Reviewer Name (Printed)** (b)(6);(b)(7)(C)**Completion Date:** 10/6/2016**Reviewer Signature (for printed form submission):**

STANDARD 1.2. ENVIRONMENTAL HEALTH AND SAFETY (Key: B)

This detention standard protects detainees, staff, volunteers, and contractors from injury and illness by maintaining high facility standards of cleanliness and sanitation, safe work practices, and control of hazardous substances and equipment.

Components	Rating	Remarks (1000 Char Max)
1. Environmental health and safety conditions shall be maintained at a level that meets recognized standards of safety and hygiene, including those from the: <ul style="list-style-type: none"> American Correctional Association, Occupational Safety and Health Administration, Environmental Protection Agency, Food and Drug Administration, National Fire Protection Association's Life Safety Code, and National Center for Disease Control and Prevention. 	Meets Standard	Environmental health and safety conditions are maintained at a level that is consistent with the safety and hygiene standards of the organizations listed in this component.
2. A housekeeping plan will be developed for detainee living areas noted in the standards. The facility appears clean and well maintained.	Meets Standard	The facility has an established cleaning and inspection plan for housekeeping. The facility is clean and well maintained.
3. The facility has a system for storing, issuing, and maintaining inventories of hazardous materials.	Meets Standard	
4. The Maintenance Supervisor or facility administrator designee shall compile: <ul style="list-style-type: none"> An up to date master index of all hazardous substances in the facility and their locations; A master file of MSDSs; and A comprehensive, up-to-date list of emergency phone numbers (fire department, poison control center, etc.). 	Meets Standard	The fire and safety manager (FSM) maintains a master copy of the Material Safety Data Sheet (MSDS) files. The file was up-to-date and contained plant diagrams, legends and a list of emergency contact telephone numbers. A master copy is also maintained in the medical department.
5. All personnel using flammable, toxic, and/or caustic substances follow prescribed safety procedures.	Meets Standard	All personnel using flammable, toxic and/or caustic substances receive hazardous materials training regarding the safe use of hazardous substances.
6. The MSDS are readily accessible to staff and detainees in the work areas.	Meets Standard	
7. Hazardous materials are always issued under proper supervision.	Meets Standard	Hazardous materials are issued to detainees in a diluted, non-hazardous state and are monitored by personnel.
8. All toxic and caustic materials stored in their original containers in a secure area.	Meets Standard	Observation of secured chemical storage areas revealed that hazardous materials are maintained in their original containers.

STANDARD 1.2. ENVIRONMENTAL HEALTH AND SAFETY (Key: B)

This detention standard protects detainees, staff, volunteers, and contractors from injury and illness by maintaining high facility standards of cleanliness and sanitation, safe work practices, and control of hazardous substances and equipment.

Components	Rating	Remarks (1000 Char Max)
9. Excess flammables, combustibles, and toxic liquids are disposed of properly in accordance with MSDS.	Meets Standard	
10. The facility program will be supervised by a person who has been trained in accordance with OSHA standards.	Meets Standard	The environmental health and safety program is overseen by the FSM who has received OSHA training.
11. PRIORITY: A qualified departmental staff member shall conduct weekly fire and safety inspections.	Meets Standard	A trained FSM conducts fire and safety inspections. The FSM has received OSHA training in addition to corporate training provided by the facility operator that included health and fire safety.
12. Facility maintenance (safety) staff shall conduct monthly inspections.	Meets Standard	Monthly maintenance inspections are performed by maintenance staff. Documentation is maintained in the risk manager's office.
13. The facility maintains files of inspection reports, including corrective actions taken.	Meets Standard	
14. PRIORITY: The facility has an approved fire prevention, control, and evacuation plan.	Meets Standard	The facility's Fire Prevention, Control and Evacuation plan was approved by the San Bernardino County Fire Department on 06/01/2016.
15. The plan requires: <ul style="list-style-type: none"> • Monthly fire inspections. • Fire protection equipment strategically located throughout the facility. • Public posting of emergency plan with accessible building/room floor plans. • Exit signs and directional arrows. • An area-specific exit diagram conspicuously posted in the diagrammed area. 	Meets Standard	The facility's Fire Prevention, Control and Evacuation Plan addresses each of the elements listed in this component.
16. Fire drills are conducted and documented quarterly in all facility locations including the administrative area.	Meets Standard	During the last inspection this component was rated as "Does Not Meet Standard" due to fire drills being scheduled, but not conducted, as required by the standard. Fire drills are conducted quarterly in all areas of the facility, to include the administrative area. Results of the drills are documented.

STANDARD 1.2. ENVIRONMENTAL HEALTH AND SAFETY (Key: B)

This detention standard protects detainees, staff, volunteers, and contractors from injury and illness by maintaining high facility standards of cleanliness and sanitation, safe work practices, and control of hazardous substances and equipment.

Components	Rating	Remarks (1000 Char Max)
17. PRIORITY: The facility administrator shall ensure licensed pest-control professionals perform monthly inspections to identify and eradicate rodents, insects and vermin, including a preventative spraying program for indigenous insects.	Meets Standard	Orkin, a licensed pest control professional provides pest-control services. Inspections are conducted monthly or as needed. The service includes preventative spraying.
18. At least annually, a state laboratory shall test samples of drinking and wastewater to ensure compliance with applicable Standards.	Meets Standard	Water service is provided by the City of Adelanto. Testing is conducted at least annually, through a contract with Percwater, using the State of California Department of Public Health standards.
19. Emergency power generators are tested as required by emergency plans and manufacturer's recommendations.	Meets Standard	Emergency power generators are tested bi-monthly, as required by the emergency plans and manufacturer's recommendations. Mechanical readiness and preventive maintenance is conducted by an external generator service company as recommended by the manufacturer.
20. (Medical Operations) Written procedures, to include an exposure-control plan in the event of a needle stick, regulate the handling and disposal of used needles and other sharp objects.	Meets Standard	
21. (Medical Operations) Standard cleaning practices include: <ul style="list-style-type: none"> Using specified equipment; cleansers; disinfectants and detergents. An established schedule of cleaning and follow-up inspections. 	Meets Standard	Standard cleaning practices incorporate the subject matter listed in this component.
22. (Medical Operations) Spill kits are readily available.	Meets Standard	
23. (Medical Operations) A licensed medical waste contractor disposes of infectious/bio-hazardous waste.	Meets Standard	A licensed and certified medical waste company is contracted to remove infectious/bio-hazardous waste from the facility.
24. (Medical Operations) Staff are trained to prevent contact with blood and other body fluids and written procedures are followed.	Meets Standard	
25. (Medical Operations) The Health Services Administrator conducts medical-facility inspections daily.	Meets Standard	

Performance-Based National Detention Standards 2011 Inspection Worksheet for Over 72 Hour Facilities

STANDARD 1.2. ENVIRONMENTAL HEALTH AND SAFETY (Key: B)

This detention standard protects detainees, staff, volunteers, and contractors from injury and illness by maintaining high facility standards of cleanliness and sanitation, safe work practices, and control of hazardous substances and equipment.

Components	Rating	Remarks (1000 Char Max)
26. The facility administrator designee shall: conduct special investigations and comprehensive surveys of environmental health conditions, and provide advisory, consultative, inspection, and training services regarding environmental health conditions.	Meets Standard	The FSM is responsible for conducting special investigations and surveys of environmental health conditions and for providing advisory, consultative, inspection and training services regarding environmental health conditions.
27. The facility administrator designee for environmental health is responsible for developing and implementing policies, procedures, and guidelines for the environmental health program.	Meets Standard	The FSM is responsible for developing and implementing the facility's policies, procedures and guidelines for the environmental health and safety program.

STANDARD 1.2. ENVIRONMENTAL HEALTH AND SAFETY – Reviewer Summary

(Use following format for dates: mm/dd/yyyy)

Overall Remarks: *(Record significant facts, observations, other sources used, etc.) (5000 Character Max)*

The facility maintains a high standard of sanitation, safe work practices and control of hazardous materials, providing a safe work environment, appropriate living and work conditions for both staff and detainees at the facility. During this inspector's interviews, both staff and detainees each had positive remarks about the facility being a safe place to work and to be detained.

The facility's OIC has sent a copy of the MSDs to the local fire department.

A review of training files indicated that all individuals that use a hazardous substance are trained and knowledgeable of all prescribed precautions. Eyewash stations were observed in designated areas throughout the facility and staff members and detainees were instructed in their use.

The facility has a fire alarm and detection system that includes an automatic sprinkler system for fire suppression in all areas meeting local and national fire safety codes. Fire drills are scheduled so that employees on each shift participate in an annual drill. Detainees are evacuated in all areas in a safe, secure and orderly manner. Emergency keys are drawn and one set of emergency doors, not in daily use, were unlocked within four and one half minutes as recommended by the NFPA.

Exit diagrams written in English and Spanish included "you are here" markers, emergency equipment locations and areas of safe refuge. Universal precautions are followed by all personnel when handling untreated infectious waste.

The facility has developed and implemented policies, procedures and guidelines pertaining to the environmental health program that evaluates, and eliminates or controls as necessary, both sources and modes of transmission of agents or vectors of communicable disease and of injuries.

The barbering services are performed in each housing unit's dayroom that is also used for other purposes other than cutting hair. The area in which barbering is conducted does not meet the requirements of the standard. There is no sink with hot and cold running water and sanitation regulations are not conspicuously posted on the walls. Evaluation of this standard was based on a review of policies, interviews with the safety officer and detainees, and a review of documentation.

Overall Rating: Meets Standard

Reviewer Name (Printed): (b)(6), (b)(7)(C)

Completion Date: 10/6/2016

STANDARD 1.2. ENVIRONMENTAL HEALTH AND SAFETY – Reviewer Summary

(Use following format for dates: mm/dd/yyyy)

Reviewer Signature (for printed form submission):

STANDARD 1.3. TRANSPORTATION (BY LAND) (Key: C)

This detention standard prevents harm to the general public, detainees, and staff by ensuring that vehicles used for transporting detainees are properly equipped, maintained, and operated and that detainees are transported in a secure, safe and humane manner, under the supervision of trained and experienced staff.

Standard N/A

Click the above button if all ICE Transportation is handled only by the ICE Field Office or Sub-Office in control of the detainee case. (All Line Items and standard will be rated "N/A")

Components	Rating	Remarks (1000 Char Max)
1. The Facility Administrator shall develop and implement written policy, procedures and guidelines for the transportation of detainees.	Meets Standard	The OIC has established written policy which contains guidelines for the transportation of detainees.
2. Documentation indicating annual inspection of vehicles and annual inspection in accordance with state statutes is available for review.	Meets Standard	Documentation of all annual vehicle inspections is kept on file in the transportation supervisor's office.
3. To be assigned to a bus transporting detainees, an officer must have successfully completed the ICE/ERO bus-driver-training program or a comparable approved training program and all local state requirements for a Commercial Driver's License (CDL).	Meets Standard	Transportation officers are required to successfully complete eighty hours of training; forty hours classroom and forty hours on the job training. The training records are maintained in the transportation supervisor's office and were reviewed during the inspection.
4. Supervisors maintain records for each vehicle operator. This includes certificate of completion from bus training program, most current physical exam used to obtain the CDL, and a copy of the CDL.	Meets Standard	The transportation supervisor maintains records and certificates for all of the areas specified in this component. The records were reviewed during the inspection.
5. Maximum driving time (time on the road), for CDL operators, is governed by USDOT.	Meets Standard	
6. The transporting officer inspects the vehicle before the start of each detail.	Meets Standard	All transportation vehicles are inspected prior to and at the end of each detail and documentation of the inspection is maintained in the transportation supervisor's office.
7. Positive identification of all detainees being transported is confirmed.	Meets Standard	
8. The facility ensures that the number of detainees transported does not exceed the vehicle manufacturer's occupancy level.	Meets Standard	The number of detainees does not exceed the rated capacity of the vehicle. A log is maintained for each vehicle.

STANDARD 1.3. TRANSPORTATION (BY LAND) (Key: C)

This detention standard prevents harm to the general public, detainees, and staff by ensuring that vehicles used for transporting detainees are properly equipped, maintained, and operated and that detainees are transported in a secure, safe and humane manner, under the supervision of trained and experienced staff.

Standard N/A

Click the above button if all ICE Transportation is handled only by the ICE Field Office or Sub-Office in control of the detainee case. (All Line Items and standard will be rated "N/A")

Components	Rating	Remarks (1000 Char Max)
9. Policies and procedures are in place addressing the use of restraining equipment on transportation vehicles.	Meets Standard	The transportation policy and transportation officer post orders contain guidelines for the use of restraining equipment on transportation vehicles.
10. Vehicles used for transporting detainees include equipment appropriate and necessary for transporting detainees with disabilities and special needs.	Meets Standard	
11. Meals are provided during long distance transfers. The meals meet the minimum dietary standards, as identified by dieticians utilized by ICE.	Meets Standard	
12. The facility administrator shall establish the procedures and schedule for sanitizing facility vehicles.	Meets Standard	The transportation supervisor stated that a vendor is used to sanitize the exterior and interior of transportation vehicles and documentation of the cleaning is maintained.
13. Personal property of a detainee transferring to another facility: <ul style="list-style-type: none"> Is inventoried. Is inspected. Accompanies the detainee. 	Meets Standard	Property is inventoried, inspected and accompanies the detainee when he is transferred to another facility.
14. Except in emergency situations, a single transportation staff member may not transport a single detainee of the opposite gender. Minors shall be separated from unrelated adults at all times during transport and seated in an area of the vehicle near officers and under their close supervision.	Meets Standard	(b)(7)(E) are always used for transports. At least one of the officers is always the same gender as the detainees being transported. Minors are not transported to or from this facility.

STANDARD 1.3. TRANSPORTATION (BY LAND) – Reviewer Summary

(Use following format for dates: mm/dd/yyyy)

Overall Remarks: (Record significant facts, observations, other sources used, etc.) (5000 Character Max)

Review of policy and procedures and an interview with the transportation supervisor confirmed that the facility ensures that vehicles used for transporting detainees are properly equipped, maintained and operated. Documentation supported that detainees are transported in a secure, safe and humane manner under the supervision of trained staff with the required qualifications.

All written materials provided to detainees are available in English and Spanish. Policy provides for oral interpretation or

STANDARD 1.3. TRANSPORTATION (BY LAND) – Reviewer Summary*(Use following format for dates: mm/dd/yyyy)*

assistance to any detainee who speaks another language in which written material has not been translated or who is illiterate. The chief of security confirmed that staff interpreters are used when necessary.

The transportation supervisor confirmed that bus driver trainees can only operate a vehicle under the direct supervision of a certified instructor licensed by the state. The facility has two certified driver instructors. Detainees cannot be onboard any vehicle operated by a bus driver trainee.

Policy and practice requires officers to secure a vehicle before leaving it unattended, including removing keys from the ignition immediately upon parking the vehicle. Officers are trained to avoid parking in a location where the vehicle may attract undue attention or be vulnerable to vandalism or sabotage. If officers cannot locate a parking area with adequate security, they contact the local law enforcement agency for advice or permission to use one of its parking places.

All officers transporting ICE/ERO detainees are required to wear their prescribed uniforms unless other attire is authorized by the OIC. Transportation officers are issued and instructed to wear a protective vest while participating in the transportation program. Officers must ensure that when vehicles are equipped with seatbelts, detainees are properly secured before the transport begins. Policy states that no detainee may be transported to/from any facility, including Field Office detention areas, unless a Form G-391, I-216, I-203, or equivalent, is furnished, authorizing the removal. The transportation supervisor confirmed that no detainee is transferred without a Form G-391 approved by ICE. The transportation supervisor stated ICE officials check records and ascertain if the detainee has a criminal history, is dangerous or has an escape record. Any information of an adverse nature is clearly indicated on the G-391 and the escorting officers are warned to take the necessary precautions.

Officers ask each transferring detainee whether he has in his possession all funds, valuables and other personal property; and listed on the property inventory form. If a detainee answers "yes," he may board the vehicle.

Armed officers are posted whenever detainees enter or exit a vehicle outside a secure area. A complete set of keys for every lock located in or on the vehicle travels with the vehicle at all times, in a secure place known to every transporting officer, and the crew shall keep bolt cutters in the forward compartment with the outer equipment for use in an emergency.

An armed officer may not enter the secure area of the vehicle. If he/she must enter that area, the officer shall first leave the weapon(s) with another officer for safekeeping or, if the vehicle is equipped with weapons lockers, in a locker. Except for emergent or extraordinary circumstances as approved by the FOD, females may not be transported by bus for more than ten hours. Otherwise, transportation by auto or van is required, with frequent breaks. Policy states that if the trip destination will exceed ten hours, women and children will travel in a separate vehicle. Per policy, females will occupy the front seats of the vehicle.

Transportation officers search a detainee of the opposite sex only in extraordinary circumstances and only when a same-sex officer is not available. When transporting detainees of the opposite gender, assigned transportation staff shall call in their time of departure and odometer reading; and then do so again upon arrival, to account for their time.

Overall Rating: Meets Standard

(b)(6);(b)(7)(C)

Reviewer Name (Printed)

Completion Date: 10/6/2016

Reviewer Signature (for printed form submission):

Section II: SECURITY

Admission and Release
Custody Classification System
Contraband
Facility Security and Control
Funds and Personal Property
Hold Rooms in Detention Facilities
Key and Lock Control
Population Counts
Post Orders
Searches of Detainees
Sexual Abuse and Assault Prevention and Intervention
Special Management Units
Staff-Detainee Communication
Tool Control
Use of Force and Restraints

STANDARD 2.1. ADMISSION AND RELEASE (Key: D)		
This detention standard protects the community, detainees, staff, volunteers, and contractors by ensuring secure and orderly operations when detainees are admitted to or released from a facility.		
Components	Rating	Remarks (1000 Char Max)
1. The facility has implemented written policies and procedures for the intake and reception of newly arrived detainees and provided them with information about facility policies, rules and procedures.	Meets Standard	Comprehensive policy governs the admission and release of detainees. An orientation process ensures the provision of information to new detainees, as required by this component.
2. At intake, detainees are searched, and their personal property and valuables checked for contraband, inventoried, receipted, and stored.	Meets Standard	Detainees are pat searched upon arrival. Property is searched and inventoried and placed in storage. Detainees receive receipts for property and funds.
3. Each detainee's identification documents are secured in the detainee's A-file.	Meets Standard	Identification documents are removed from detainee property and stored in the A-file.
4. A medical screening will be conducted to protect the health of the detainee and others in the facility, and the detainee shall be given an opportunity to shower and be issued clean clothing, bedding, towels, and personal hygiene items.	Meets Standard	
5. The facility shall comply with applicable federal laws to provide reasonable accommodations for detainees with disabilities and special needs.	Meets Standard	The facility is equipped per the Americans with Disabilities Act and reasonable accommodations are provided.
6. Staff shall not routinely require a detainee to remove clothing or require a detainee to expose private parts of his or her body to search for contraband.	Meets Standard	Detainees are pat searched upon arrival, while fully clothed. Detainees change into institutional clothing in a private space specifically for that purpose.
7. Staff shall issue those clothing and bedding items that are appropriate for the facility environment and local weather conditions.	Meets Standard	
8. Staff shall use the documentation accompanying each new arrival for identification and classification purposes. If the classification staff is not ICE/ERO employees ICE/ERO shall provide the information needed for classification. Under no circumstances may non-ICE/ERO personnel have access to the detainees A-File.	Meets Standard	Classification is completed using the criminal histories and other information provided by ICE. A-files are not accessible by non-ICE personnel. Spectrum employees, ICE contractors for administrative assistance at this facility, have access to A-files.
9. An Order to Detain or Release the detainee (Form I-203 or I-203a), bearing the appropriate ICE/ERO Authorizing Official signature, must accompany each newly arriving detainee.	Meets Standard	

STANDARD 2.1. ADMISSION AND RELEASE (Key: D)		
This detention standard protects the community, detainees, staff, volunteers, and contractors by ensuring secure and orderly operations when detainees are admitted to or released from a facility.		
Components	Rating	Remarks (1000 Char Max)
10. PRIORITY: Facilities shall have a method to provide ICE/ERO detainees an orientation to the facility as soon as practicable, in a language or manner that detainees can understand. Following the orientation, staff shall conduct a question-and-answer session.	Meets Standard	Orientation is provided in English and Spanish and includes viewing an orientation video; issuance of the National Detainee Handbook and local supplement; and a question and answer session with classification and in-processing staff.
11. The facility shall issue to each newly admitted detainee a copy of the ICE National Detainee Handbook and local supplement that fully describes all policies, procedures, and rules in effect at the facility. The handbook and supplement shall be in English and Spanish.	Meets Standard	
12. All releases are coordinated with ICE.	Meets Standard	ICE coordinates all releases, utilizing Form I-203.
13. Staff complete paperwork/forms for release as required.	Meets Standard	
14. The facility returns each detainee's property upon release, and each detainee receives a receipt for personal property secured by the facility.	Meets Standard	
15. PRIORITY: The facility has a system to maintain accurate records and documentation for admission, orientation, and release.	Meets Standard	Detention files document admission, orientation, and release.
16. PRIORITY: The time, point and manner of release from a facility shall be consistent with safety considerations and shall take into account special vulnerabilities. Facilities that are not within a reasonable walking distance of, or that are more than one mile from, public transportation shall transport detainees to local bus/train/subway stations prior to the time the last bus/train leaves such stations for the day. If public transportation is within walking distance of the detention facility, detainees shall be provided with an information sheet that gives directions to and describes the types of transportation services available.	Meets Standard	Releases are facilitated in a safe manner. Detainees with special vulnerabilities are accommodated accordingly. Detainees either arrange for their own local transportation or are transported by facility staff to the bus station or airport, as applicable.
17. Facilities must provide transportation for any detainee who is not reasonably able to walk to public transportation due to age, disability, illness, mental health or other vulnerability, or as a result of weather or other environmental conditions at the time of release that may endanger the health or safety of the detainee.	Meets Standard	
18. Prior to release, the detainee shall be notified of the upcoming release and provided an opportunity to make a free phone call to facilitate release arrangements.	Meets Standard	

STANDARD 2.1. ADMISSION AND RELEASE (Key: D)		
This detention standard protects the community, detainees, staff, volunteers, and contractors by ensuring secure and orderly operations when detainees are admitted to or released from a facility.		
Components	Rating	Remarks (1000 Char Max)
19. Detainees will be provided with a list of legal, medical, and social services that are available in the release community, and a list of shelter services available in the immediate area along with directions to each shelter.	Meets Standard	Detainees are provided the information listed in this component during the release process.
20. Detainees will be released with one set of non-institutionalized, weather-appropriate clothing.	Meets Standard	

STANDARD 2.1. ADMISSION AND RELEASE – Reviewer Summary	
(Use following format for dates: mm/dd/yyyy)	
Overall Remarks: (Record significant facts, observations, other sources used, etc.) (5000 Character Max) <p>Detainees are admitted and released in a manner that ensures the security of the facility and the safety of staff and detainees, as required by this standard. Approval from the OIC or designee, after consultation with the OIC or designee, must be obtained prior to strip searches. The search will take place in an area that affords a reasonable degree of privacy. All strip searches must be documented. Before strip searching a detainee an officer must first attempt to resolve his/her suspicions through less intrusive means. Whenever possible, medical personnel must be present to observe the strip search of a transgender detainee.</p> <p>Staff members are provided with adequate training on the intake process. Detainees are provided at least one free telephone call during the admission process. Detainees are permitted to change clothing in a private area. Detainees may shower in the intake unit and a staff member of the same gender remains in the immediate area.</p> <p>During the evaluation of this standard, policy was reviewed, staff members were interviewed, admission and release documents were examined, community resource handouts were inspected, and the inspector observed the admission and release processes.</p>	
Overall Rating: Meets Standard	
Reviewer Name (Printed): (b)(6),(b)(7)(C)	Completion Date: 10/6/2016
Reviewer Signature (for printed form submission):	

STANDARD 2.2. CUSTODY CLASSIFICATION SYSTEM (Key: E)

This detention standard protects detainees, staff, contractors, volunteers, and the community from harm, and contributes to orderly facility operations, by requiring a formal classification process for managing and separating detainees based on verifiable and documented data.

Components	Rating	Remarks (1000 Char Max)
1. PRIORITY: Each facility shall develop and implement a system for classifying detainees in accordance with This detention standard. Facilities may rely on the ICE Custody Classification Worksheet, adopt the ICE custody classification recommendation generated by an ICE Field Office when one is provided, or use a similar locally established classification system (subject to ICE/ERO approval), as long as the classification criteria are objective and uniformly applied, and all procedures meet ICE/ERO requirements.	Meets Standard	A classification system is used by facility staff that incorporates the provisions of the ICE system. This objective system is approved by ICE and is uniformly applied to all detainees.
2. Staff shall reference facts and other objective, credible evidence documented in the detainee's A-file, ICE automated records systems, criminal history checks, work-folders, or other objective sources of information during the classification process. The classification process includes reassessment/reclassification.	Meets Standard	
3. <i>(SPCs/CDFs/DIGSAs) The custody classification recommendation generated by an ICE Field Office, when one is provided, or the point total from the ICE Custody Classification Worksheet, will determine the classification level of each detainee.</i>	Meets Standard	At this DIGSA, point totals between the ICE classification and the facility classification are compared and reconciled appropriately.
4. The facility classification system includes: Classifying detainees upon arrival. <ul style="list-style-type: none"> Separating individuals who cannot be classified upon arrival from the general population. The first-line supervisor or classification supervisor reviews every classification decision. 	Meets Standard	Detainees are classified upon arrival and remain separated from the general population until such time as the classification is complete. A supervisor reviews all classification decisions.
5. Special consideration shall be given to any factor that would raise the risk of vulnerability, victimization or assault. Detainees who may be at risk of victimization or assault include, but are not limited to, persons who are transgendered, elderly, pregnant, physically disabled, suffering from a serious medical or mental illness, and victims of torture, trafficking, abuse, or other crimes of violence.	Meets Standard	
6. At facilities where applicable, detainees are assigned color-coded uniforms, wristbands, or other means of custody identification to reflect classification levels. In IGSA's a similar system is utilized for each level of classification.	Meets Standard	At this DIGSA, wristbands and detainee uniforms are color-coded by classification level.

STANDARD 2.2. CUSTODY CLASSIFICATION SYSTEM (Key: E)

This detention standard protects detainees, staff, contractors, volunteers, and the community from harm, and contributes to orderly facility operations, by requiring a formal classification process for managing and separating detainees based on verifiable and documented data.

Components	Rating	Remarks (1000 Char Max)
7. PRIORITY: Housing assignments are based on classification-level. Low custody detainees may not be commingled with high custody.	Meets Standard	Housing assignments are based on classification levels. Low custody detainees are not commingled with high custody detainees.
8. PRIORITY: Low custody detainees may not have convictions that included an act of physical violence, or any history of assaultive behavior, and may not be housed with any medium custody detainee with a history of assaultive or combative behavior.	Meets Standard	The elements of this component are satisfied via practice and policy.
9. Detainee work assignments are based upon classification designations.	Meets Standard	
10. The classification process includes reassessment/reclassification. The first reassessment is to be completed 60 days to 90 days after the initial assessment.	Meets Standard	Reassessments are completed as required by the standard. A classification date range report is generated at least monthly that indicates the due dates of the next required review, ensuring that all reclassifications occur timely.
11. Subsequent classification reassessments are completed at 90 day to 120 day intervals. Special reassessments are completed within 24 hours before a detainee leaves the Special Management Unit, and at any other time when additional, relevant information becomes known.	Meets Standard	
12. The facility classification system shall include procedures for detainees to appeal their classification levels. Classification decisions, along with information on the appeal process, should be provided to the detainee in a language or manner understood by the detainee.	Meets Standard	Detainees may appeal their classification designation via the grievance process. Responses are provided in a language understood by the detainee.
13. The Detainee Handbook explains the classification levels, with the conditions and restrictions applicable to each, and the procedures by which a detainee may appeal his or her classification.	Meets Standard	The classification levels and appeals process are explained in the local handbook.

STANDARD 2.2. CLASSIFICATION SYSTEM – Reviewer Summary

(Use following format for dates: mm/dd/yyyy)

Overall Remarks: (Record significant facts, observations, other sources used, etc.) (5000 Character Max)

The classification system ensures that male detainees are placed and remain in the appropriate category and physically separated from detainees with non-compatible classification levels. Female detainees are not classified at this facility, but rather at the adjacent facility. They are housed at this facility only when they require short-term mental health intervention. Medium custody detainees have no recent convictions for any offense listed under the highest section of the severity of offense guideline and no pattern or history of violent assaults, whether convicted or not. High custody detainees are considered a high-risk category and are assigned to high security housing. High custody detainees are always monitored and

STANDARD 2.2. CLASSIFICATION SYSTEM – Reviewer Summary*(Use following format for dates: mm/dd/yyyy)*

escorted. All staff members assigned to classification duties are adequately trained.

Detainees are processed for housing assignments within twelve hours of arrival at the facility. If the process takes longer, documentation is maintained as to what delayed the process and the detainee is housed separately from the general population.

During the evaluation of this standard, classification documents, the classification date range report, and form I-213s were examined; policy and the handbook were reviewed; and employees were interviewed.

Overall Rating: Meets Standard

Reviewer Name (Printed) (b)(6),(b)(7)(C)

Completion Date: 10/6/2016

Reviewer Signature (for printed form submission):

STANDARD 2.3. CONTRABAND (Key: F)

This detention standard protects detainees and staff and enhances facility security and good order by identifying, detecting, controlling, and properly disposing of contraband.

Components	Rating	Remarks (1000 Char Max)
1. PRIORITY: The facility follows a written procedure for handling contraband, including the detection, seizure of contraband, disputed ownership, detainee or government property defined as contraband, and the preservation, inventory, and storage of contraband as evidence of a crime.	Meets Standard	There is a written procedure for handling contraband which addresses each of the requirements of this component.
2. Contraband is retained as evidence for potential disciplinary action or criminal prosecution.	Meets Standard	Policy includes specific procedures on how contraband is retained as evidence for potential disciplinary action or criminal prosecution.
3. Before confiscating religious items, the Facility Administrator or designated investigator contacts a religious authority.	Meets Standard	Policy requires that the OIC or designee consult with a religious authority prior to confiscating religious items.
4. Facilities with canine units only use them for contraband detection and not in the presence of ICE detainees.	Meets Standard	The facility does not have a canine unit, however, canine units from local and/or state entities may be used for contraband detection. According to policy and confirmed by the chief of security, canines are never used in the presence of ICE detainees.
5. Detainees receive notification of contraband rules and procedures in the Detainee Handbook.	Meets Standard	All detainees receive a copy of the National Detainee Handbook and the local handbook both of which contain the contraband rules and procedures. Both handbooks are provided in English and Spanish.

STANDARD 2.3. CONTRABAND – Reviewer Summary

(Use following format for dates: mm/dd/yyyy)

Overall Remarks: (Record significant facts, observations, other sources used, etc.) (5000 Character Max)

The evaluation of this standard was based on review of facility policy and handbooks, interviews with the chief of security, and a review of incident reports of detainees found in possession of contraband. The facility is preserving, inventorying, controlling and disposing of seized contraband in accordance with policy.

Narcotics and other controlled substances not dispensed or approved by the medical department constitute hard contraband. Medication dispensed or approved by the medical department is classified as hard contraband if found in the possession of a detainee for whom it was not prescribed, or if not used as prescribed. Employees must consult with the pharmacist or other medical staff when uncertain about whether prescribed medication represents contraband. Medicine a detainee brings into the facility upon arrival is required to be forwarded to the medical department for disposition.

STANDARD 2.3. CONTRABAND – Reviewer Summary*(Use following format for dates: mm/dd/yyyy)*

Policy states the OIC determines when personal property items are excessive; the facility will not pay shipping costs to a third party chosen by the detainee. The OIC disposes of excess property in accordance with policy, after providing the detainee with written notice of the intent to destroy the property and how to prevent that outcome. The chief of security determines whether contraband items will be destroyed and, upon determination, sends a memorandum through official channels, describing what is to be destroyed and why. Procedures are in policy to provide detainees with ample opportunity to obtain proof of ownership or appeal the decision through the detainee grievance process. In disciplinary contraband cases, the OIC defers the decision about property destruction until the disciplinary case is resolved and appeals are satisfied.

At least two employees document in writing that they witnessed the destruction of detainee contraband property. A copy of the property disposal record is placed in the detention file and remains on file for at least two years.

Overall Rating: Meets Standard

Reviewer Name (Printed): (b)(6),(b)(7)(C)

Completion Date: 10/6/2016

Reviewer Signature (for printed form submission):

STANDARD 2.4. FACILITY SECURITY AND CONTROL (Key: G)

This detention standard protects the community, staff, contractors, volunteers, and detainees from harm by ensuring that facility security is maintained and events which pose risk of harm are prevented.

Components	Rating	Remarks (1000 Char Max)
1. At least one male and one female staff member are on duty at all times where both males and females are housed.	Meets Standard	
2. Comprehensive annual staffing analysis determines staffing needs and plans and is reviewed and updated annually.	Meets Standard	The OIC determines staffing needs based on a comprehensive staffing analysis and staffing plan that is reviewed and updated at least annually. A review of documentation indicated that staffing reviews are frequent and ongoing.
3. Essential posts and positions are filled with qualified personnel.	Meets Standard	The chief of security confirmed that essential posts and positions are filled with qualified personnel.
4. <i>(SPCs/CDFs/DIGSAs) Detainees do not have access to the Control Center.</i>	Meets Standard	At this DIGSA, detainees do not have access to the control center.
5. Facility security and safety will be monitored and coordinated by a secure, well-equipped, and continuously staffed control center.	Meets Standard	Master control is continuously staffed seven days a week and is well equipped and capable of monitoring the security and safety of employees and the facility.
6. <i>(SPCs/CDFs/DIGSAs) The facility administrator shall establish procedures to implement the following Control Center requirements: Round-the clock communications; Maintenance of a list of the current home and cellphone number of every staff member assigned to the facility, including administrative/support services staff, Situation Response Teams (SRTs), Hostage Negotiation Teams (HNTs), and applicable law enforcement agencies. Watch calls (officer safety checks) to the Control Center by all staff ordinarily shall occur every half-hour between 6:00 P.M. and 6:00 A.M. Individual facility policy may designate another post to conduct watch calls. Any exception for staff to not make watch calls as described requires approval of the facility administrator.</i>	Meets Standard	At this DIGSA, the master control center provides round-the clock communications. The recall roster for every staff member is maintained electronically in the Rapid Notify recall database. Access to the recall roster is password controlled. A hard copy of the recall roster is also maintained in master control. Officers make watch calls to the control center as required by the component.
7. The front-entrance officer checks the identification of everyone entering or exiting the facility.	Meets Standard	Per policy and procedure and confirmed by observation, the front entrance officer checks the identification of everyone entering or exiting the facility.

STANDARD 2.4. FACILITY SECURITY AND CONTROL (Key: G)

This detention standard protects the community, staff, contractors, volunteers, and detainees from harm by ensuring that facility security is maintained and events which pose risk of harm are prevented.

Components	Rating	Remarks (1000 Char Max)
8. All visits are officially recorded in a visitor logbook.	Meets Standard	All visitors are recorded in the visitor logbook maintained by the front entrance officer. The log was reviewed and found to be current and maintained in accordance with policy.
9. The facility has a secure visitor pass system.	Meets Standard	
10. Information about routine procedures, emergency situations, and unusual incidents will be continually recorded in permanent post logs and shift reports.	Meets Standard	
11. <i>(SPCs/CDFs/DIGSAs) Housing unit Post Orders in SPCs and CDFs shall follow the event schedule format, for example, "0515 Lights on" and shall direct the assigned officer to maintain a unit log of pertinent information regarding detainee activity. The shift supervisor shall visit each housing area and initial the log on each shift at least once per tour.</i>	Meets Standard	The housing unit post orders at this DIGSA were reviewed and found to follow the daily event schedule and to provide direction to officers to maintain a log of all pertinent information regarding detainee activity. The shift supervisor visits each housing unit each shift and initials the log.
12. Security officer posts shall be located in or immediately adjacent to detainee living areas to permit officers to see or hear and respond promptly to emergency situations.	Meets Standard	Security officer posts are located inside each of the housing units which allow officers to see or hear and respond promptly to emergencies.
13. Detainee movement from one area to another area is controlled by staff.	Meets Standard	
14. PRIORITY: No detainee may ever be given authority over, or be permitted to exert control over, any other detainee.	Meets Standard	Policy states that no detainee or group of detainees shall be given authority over other detainees. The chief of security confirmed adherence with the requirements of this component.
15. The facility administrator, designated assistant facility administrator, security supervisors, and others designated by the facility administrator shall be required to visit all housing units at least weekly to observe living conditions and interact informally with detainees.	Meets Standard	Policy includes a list of specific supervisory employees and others that must visit all housing units at least weekly. Documentation is maintained to confirm adherence to policy.
16. The facility has a comprehensive security inspection policy.	Meets Standard	
17. Documentation of security inspections is kept on file.	Meets Standard	

STANDARD 2.4. FACILITY SECURITY AND CONTROL (Key: G)

This detention standard protects the community, staff, contractors, volunteers, and detainees from harm by ensuring that facility security is maintained and events which pose risk of harm are prevented.

Components	Rating	Remarks (1000 Char Max)
18. Daily procedures include: <ul style="list-style-type: none"> Perimeter alarm system tests. Physical checks of the perimeter fence. Documenting the results. 	Meets Standard	(b)(7)(E) The results are documented in the master control log.

STANDARD 2.4. FACILITY SECURITY AND CONTROL – Reviewer Summary

(Use following format for dates: mm/dd/yyyy)

Overall Remarks: (Record significant facts, observations, other sources used, etc.) (5000 Character Max)

A review of the standard, employee interviews, a review of documentation and on-site observations confirmed that the facility protects the community, employees, contractors, volunteers and detainees from harm by having the policy, operating procedures and the trained work force necessary to prevent events which create risk of harm and ensure security is maintained at all times.

Several detainees in the general population housing units were interviewed and none voiced any concerns regarding their treatment at the facility. All stated they felt safe in the general population and had good access to officers and to medical personnel. The atmosphere throughout the facility was found to be calm with no obvious indicators of high stress levels. During the inspection the facility was very clean and noise levels were minimal. Supervisors and officers exhibited a professional demeanor in both attire and attitude. Interactions between staff and ICE detainees were observed to be respectful and professional.

All ICE/ERO employees are required to wear ICE/ERO-issued identification cards. The facility maintains an electronic tracking mechanism for all staff permanently stationed at the facility. The OIC has established policy delineating the procedures for tracking the arrivals and departures of contract employees.

A utility officer checks the driver's license of any driver entering into the facility, checks for proof of insurance, and checks the identification of every passenger in the vehicle. While the vehicle is within the secure perimeter, the officer holds the driver's license or identification of every person in the vehicle. The utility officer logs the following information regarding every vehicle: tag number, driver's name, firm represented, purpose of the visit, vehicle contents, date, time in, time out, and facility employee responsible for the vehicle on-site. The officer searches every vehicle prior to its entering or leaving the facility. All drivers making deliveries must submit to a personal search and questioning about items considered contraband.

The special management unit (SMU) officer checks the inventory of tools entering and leaving the SMU. All food carts are escorted to the SMU by officers

Overall Rating: Meets Standard

Reviewer Name (Print): (b)(6),(b)(7)(C)

Completion Date: 10/6/2016

Reviewer Signature (for printed form submission):

STANDARD 2.5. FUNDS AND PERSONAL PROPERTY (Key: H)

This detention standard ensures that detainees' personal property, including funds, valuables, baggage and other personal property, is safeguarded and controlled, and that contraband does not enter a detention facility.

Standard N/A

Click the button above (IGSA ONLY) if all ICE detainee Funds, Valuables and Property are handled only by the ICE Field Office or Sub-Office in control of the detainee case. (All Line Items and standard will be rated "N/A")

Components	Rating	Remarks (1000 Char Max)
1. All detention facilities are required to have written policies and procedures to: <ul style="list-style-type: none"> Account for and safeguard detainee property from time of admission until date of release; Inventory and receipt detainee funds and valuables; Inventory and receipt detainee baggage and personal property (other than funds and valuables); Inventory and audit detainee funds, valuables and personal property; Return funds, valuables and personal property to detainees being transferred or release; and Provide a way for a detainee to report missing or damaged property. 	Meets Standard	Written policies and procedures provide the safeguards and controls necessary to protect detainee funds and property. These policies and procedures address each of elements listed in this component.
2. All facilities, at a minimum shall provide: <ul style="list-style-type: none"> A secured locker for holding large valuables, that can be accessed only by designated supervisor(s); and A baggage and property storage area that is secured when not attended by assigned admissions processing staff. 	Meets Standard	Large valuables are held in a secure plastic container, secured with a tamper-proof seal inside a secured property room. The area is accessible only by designated supervisors.
3. The detainee handbook or equivalent shall notify the detainees of facility policies and procedures concerning personal property.	Meets Standard	
4. At admission, staff search and inventory detainee property only in the presence of the detainee, unless instructed otherwise by the facility administrator.	Meets Standard	
5. The facility administrator shall establish whether and, how much cash each detainee may have in personal possession while in detention.	Meets Standard	Detainees are not permitted to have money in their possession while at the facility.
6. Identity documents, such as passports, birth certificates, are held in each detainee's A-file but, upon request, staff shall provide the detainee a copy of a document, certified by an ICE/ERO official to be a true and correct copy.	Meets Standard	Identity documents are maintained in the detainee's A-file. Upon written request, ICE staff will provide the detainee ICE/ERO certified true and correct copies of his identity documents.

STANDARD 2.5. FUNDS AND PERSONAL PROPERTY (Key: H)

This detention standard ensures that detainees' personal property, including funds, valuables, baggage and other personal property, is safeguarded and controlled, and that contraband does not enter a detention facility.

Standard N/A

Click the button above (IGSA ONLY) if all ICE detainee Funds, Valuables and Property are handled only by the ICE Field Office or Sub-Office in control of the detainee case. (All Line Items and standard will be rated "N/A")

Components	Rating	Remarks (1000 Char Max)
7. Every housing area shall have lockers or other securable space for storing detainees' authorized personal property. The amount of storage space shall correspond to the number of detainees assigned to that housing area.	Does Not Meet Standard	This component was rated as "Does Not Meet Standard" during the last inspection due to the housing units not having securable storage space for personal property. During this inspection it was observed that each detainee is issued a plastic securable storage container in the housing units for their authorized personal property, but the facility does not issue or sell locking devices to secure the containers. This is a repeat deficiency.
8. (SPCs/CDFs/DIGSAs) Property discrepancies are immediately reported to the Chief of Security or equivalent.	Meets Standard	This is a DIGSA facility. Policy requires that detainee property discrepancies be reported to the chief of security.
9. PRIORITY: Procedure ensures that: <ul style="list-style-type: none"> • Detainee funds and small and large valuables are placed in a secure location; • Medical staff determine the disposition of all medicine accompanying an arriving detainee; • Detainees are able to keep a reasonable amount of personal property in their possession, provided it poses no threat to detainee safety or facility security; and • Facilities return funds and valuables to detainees being transferred or released. 	Meets Standard	Policy addresses each of the items listed in this component. Observation in the intake area and interviews with staff indicated practice is consistent with policy.

STANDARD 2.5. FUNDS AND PERSONAL PROPERTY (Key: H)

This detention standard ensures that detainees' personal property, including funds, valuables, baggage and other personal property, is safeguarded and controlled, and that contraband does not enter a detention facility.

Standard N/A

Click the button above (IGSA ONLY) if all ICE detainee Funds, Valuables and Property are handled only by the ICE Field Office or Sub-Office in control of the detainee case. (All Line Items and standard will be rated "N/A")

Components	Rating	Remarks (1000 Char Max)
10. For recordkeeping and accounting purposes, use of the G-589 Property Receipt form is mandatory to inventory any funds removed from a detainee's possession, and a separate form G-589 is required for each kind of currency and negotiable instrument.	Meets Standard	A review of detention files indicated that G-589 property receipts are utilized. Policy states that for a detainee with more than one kind of negotiable instrument, the officers will prepare as many G-589s as necessary to list separately, by category, all checks, all money orders, each additional category of negotiable instrument, and each foreign currency.
11. (SPCs/CDFs/DIGSAs) <i>The supervisory security officer or equivalent shall remove the contents of the drop safe during his or her shift and initial the G-589 accountability log. The supervisor shall:</i> <ul style="list-style-type: none"> • <i>Verify the correctness of all G-589s or equivalents;</i> • <i>Record the amount of cash and describe each item in the supervisors' property log; and</i> • <i>Verify the proper disposition of funds and valuables by checking the sealed envelopes in the cash box, the property envelopes in the safe, and the safekeeping of all large valuables in the designated secured locked area.</i> 	Meets Standard	component was rated as "Does Not Meet Standard" due to the contents of the drop safe not being removed each shift by a supervisor to verify the correctness of all the G-589s in the safe. A review of logbooks and interviews with intake personnel indicated that the contents of the drop-safe are removed and verified by the detainee accounts supervisor during their shift. Each of the required elements in this component is met.
12. (SPCs/CDFs/DIGSAs) <i>The Facility Administrator has established quarterly audits of baggage and non-valuable property.</i>	Meets Standard	Monthly audits of baggage and non-valuable property are conducted and documented at this DIGSA facility.
13. All facilities shall report and turn over to ICE/ERO all detainee abandoned property.	Meets Standard	

STANDARD 2.5. FUNDS AND PERSONAL PROPERTY (Key: H)

This detention standard ensures that detainees' personal property, including funds, valuables, baggage and other personal property, is safeguarded and controlled, and that contraband does not enter a detention facility.

Standard N/A

Click the button above (IGSA ONLY) if all ICE detainee Funds, Valuables and Property are handled only by the ICE Field Office or Sub-Office in control of the detainee case. (All Line Items and standard will be rated "N/A")

Components	Rating	Remarks (1000 Char Max)
14. PRIORITY: Facilities have and follow procedures for reporting and investigating incidents of detainee property loss or damage, and for reimbursing detainees for all validated property losses caused by facility negligence. The senior contract officer immediately notifies the designated ICE/ERO officer of all claims and outcomes.	Meets Standard	Policy and the handbook address the reporting and investigation of incidents of detainee property loss or damage. They also address the process for reimbursing detainees for all validated property losses caused by facility negligence. The facility uses a Lost/Damaged/Stolen Property Form. ICE is immediately notified of all claims and their outcomes.

STANDARD 2.5. FUNDS AND PERSONAL PROPERTY – Reviewer Summary

(Use following format for dates: mm/dd/yyyy)

Overall Remarks: (Record significant facts, observations, other sources used, etc.) (5000 Character Max)

The facility's policies and procedures ensure the secure and safe storage of detainee property. Detainees are pat searched and their property is searched and inventoried during the admission process to ensure contraband is not introduced into the facility.

During the evaluation of this standard, policy and the tracking of incoming detainee's funds were reviewed. There were no discrepancies noted during the process of tracking the funds, as policy and procedures at the facility are adhered to and safeguard detainee's funds.

This facility has a commissary where detainees can purchase store items. Each detainee is permitted to keep in their possession reasonable quantities of personal property, if the particular items do not pose a threat to the security or good order of the facility.

Small valuables are maintained inside tamperproof bags, inside secure cabinets in the secure property room.

To prevent overcrowding and related storage problems, the facility allows detainees to send extra property to a third party of his choosing. If property is shipped during the detainee's stay, staff inventories and maintains a record of the detainee's property being shipped from the facility, with a copy of the record being placed in the detainee's detention file.

When the detainee is being released from the facility and becomes aware that he is missing property or their property may be damaged, the detainee can file a local lost/damaged property claim form. The claim is properly investigated by a supervisor. The facility does not arbitrarily impose a ceiling on the amount to be reimbursed for a validated claim. The OIC notifies ICE of all claims and outcomes. Evaluation of this standard was based on a review of policies, inspection of logbooks, inspection of the valuable item storage area, interviews with the property room officer and detainees, and an inspection of the baggage and non-valuable property storage room.

Overall Rating: Meets Standard

Reviewer Name (Print): (b)(6),(b)(7)(C)

Completion Date: 10/6/2016

STANDARD 2.5. FUNDS AND PERSONAL PROPERTY – Reviewer Summary

(Use following format for dates: mm/dd/yyyy)

Reviewer Signature (for printed form submission):

STANDARD 2.6. HOLD ROOMS IN DETENTION FACILITIES (Key: I)

This detention standard ensures the safety, security, and comfort of detainees temporarily held in hold rooms while awaiting further processing. An individual may not be confined in a facility's hold room for more than 12 hours.

Components	Rating	Remarks (1000 Char Max)
1. <i>(SPCs/CDFs/DIGSAs constructed after 1999) Each Hold Room shall contain sufficient seating for the maximum room-capacity but shall contain no moveable furniture.</i>	Meets Standard	The hold rooms in this DIGSA which was constructed in 2012 contain sufficient seating for the maximum room capacity and no moveable furniture is permitted or was observed in the hold rooms.
2. <i>(SPCs/CDFs/DIGSAs constructed after 1999) Each Hold Room shall be equipped with stainless steel, combination lavatory/toilet fixtures with modesty panels, in compliance with the Americans with Disabilities Act of 1990.</i>	Meets Standard	This DIGSA was constructed in 2012. The hold rooms are each equipped with stainless steel combination lavatory/toilet fixtures with modesty panels which comply with the ADA.
3. Each hold room shall be well-ventilated and well-lit. Detainees shall have access to potable water in hold rooms.	Meets Standard	
4. PRIORITY: Detainees are not held in hold rooms for more than 12 hours.	Meets Standard	The chief of security and intake officers stated that no detainee is held in a hold room for longer than twelve hours. This was confirmed by reviewing the written logs maintained for each detainee in each hold room.
5. Male and females detainees are segregated from each other at all times.	Meets Standard	Female detainees are not routinely housed at this facility. However, in the event a female detainee was to be housed in the facility due to a court appearance or a medical need, she would always be segregated from male detainees.
6. Unaccompanied minors (under 18) and parent(s) or legal guardians accompanied by minor children shall not be placed in Hold Rooms, unless they have shown or threatened violent behavior, have a history of criminal activity, or have given staff reasonable grounds to expect an escape attempt.	Meets Standard	Juvenile detainees are not housed at this facility and, therefore, are not placed in hold rooms.

STANDARD 2.6. HOLD ROOMS IN DETENTION FACILITIES (Key: I)

This detention standard ensures the safety, security, and comfort of detainees temporarily held in hold rooms while awaiting further processing. An individual may not be confined in a facility's hold room for more than 12 hours.

Components	Rating	Remarks (1000 Char Max)
7. Persons exempt from placement in a Hold Room due to obvious illness, special medical, physical and or psychological needs, or other documented reasons shall be seated in an appropriate area designated by the facility administrator outside the Hold Room, or in separate rooms, under direct supervision and control, barring an emergency.	Meets Standard	Detainees who are exempt from placement in a hold room due to illness, special medical, physical or psychological needs or other reasons are immediately interviewed and either moved to the medical unit or their housing unit. Throughout the process detainees are under direct supervision and control.
8. To the extent practicable in a hold room situation, detainees with known or readily apparent disabilities, including temporary disabilities, shall be housed in manner that accommodates their mental and/or physical condition(s) and provides for their safety, comfort and security.	Meets Standard	Detainees with temporary or permanent disabilities are not housed in the hold rooms but are immediately separated, interviewed and moved to the medical unit.
9. Detainees are provided with basic personal hygiene items such as water, soap, toilet paper, cups for water, feminine hygiene items, diapers and wipes.	Meets Standard	
10. If the hold room is not equipped with toilet facilities, an officer is posted within visual or audible range to allow detainees access to such on a regular basis.	Meets Standard	All of the hold rooms are equipped with toilet facilities.
11. All detainees are given a pat down search for weapons or contraband before being placed in the hold room.	Meets Standard	
12. Before placing a detainee in a room, an officer shall observe each individual to screen for obvious mental or physical problems.	Meets Standard	Intake officers closely screen/observe each detainee for obvious mental or physical problems prior to placing them in a hold room.
13. Each detention facility maintains a detention log for each detainee placed in a hold cell.	Meets Standard	Intake officers maintain written logs on each detainee placed in a hold room.
14. Officers provide a meal to any detainee detained in a hold room for more than six hours. Pregnant women have access to snacks, milk or juice.	Meets Standard	Detainees held longer than six hours in the processing unit are provided a meal. Pregnant detainees are not routinely housed at this facility. However, in the event a female detainee was to be housed in the facility due to a court appearance or a medical need, she would have access to snacks, milk or juice if detained in a hold room for more than six hours.

STANDARD 2.6. HOLD ROOMS IN DETENTION FACILITIES (Key: I)

This detention standard ensures the safety, security, and comfort of detainees temporarily held in hold rooms while awaiting further processing. An individual may not be confined in a facility's hold room for more than 12 hours.

Components	Rating	Remarks (1000 Char Max)
15. Staff shall ensure that sanitation, temperatures and humidity in Hold Rooms are maintained at acceptable and comfortable levels. Pregnant women and others with evident medical needs will have temporary access to temperature appropriate clothing and blankets.	Meets Standard	Intake officers ensure the temperatures and humidity in the hold rooms are maintained at comfortable levels. It would be an unusual circumstance for a pregnant detainee to be housed in this facility. However, if that were to occur, the pregnant detainee would have access to temperature appropriate clothing and blankets. Other detainees with evident medical needs are either immediately moved to the medical unit or are provided access to temperature appropriate clothing or blankets.
16. PRIORITY: Officers closely supervise hold rooms through direct supervision, to ensure: <ul style="list-style-type: none"> • Continuous auditory monitoring, • Visual monitoring at irregular intervals at least every 15 minutes, • Constant surveillance of any detainee exhibiting signs of hostility, depression, or similar behaviors. 	Meets Standard	Officers are located so they can observe and hear any noises or other commotion inside the rooms. Officers visually monitor the hold rooms at irregular intervals at least every fifteen minutes. A log is maintained of the fifteen-minute observation checks for each detainee. Review of the logs confirmed the fifteen-minute checks are being performed. Constant surveillance is provided any detainee exhibiting signs of hostility, depression or other unusual behavior.
17. The maximum occupancy for the hold room will be posted.	Meets Standard	
18. When the last detainee has been removed, officers shall ensure the Hold Room is thoroughly cleaned and inspected.	Meets Standard	
19. <i>(SPCs/CDFs/DIGSAs) Evacuation procedures shall include posting the evacuation map and advance designation of the officer responsible for removing detainees from the Hold Room(s) in case of fire and/or building evacuation.</i>	Meets Standard	At this DIGSA, an evacuation map is posted in the area where the hold rooms are located. In case of a building evacuation the intake officer is responsible for removing detainees from all hold rooms.

STANDARD 2.6. HOLD ROOMS IN DETENTION FACILITIES – Reviewer Summary

(Use following format for dates: mm/dd/yyyy)

STANDARD 2.6. HOLD ROOMS IN DETENTION FACILITIES – Reviewer Summary*(Use following format for dates: mm/dd/yyyy)***Overall Remarks:** *(Record significant facts, observations, other sources used, etc.) (5000 Character Max)*

Review of policy and practice, inspection of the intake area and interviews with the chief of security and intake officers confirmed that the facility is using the hold rooms for temporary detention of detainees being processed into/out of the facility. Detainees are not held in excess of twelve hours in the hold rooms. The hold rooms were observed to be clean and well maintained.

Detainees awaiting a medical visit are routinely seen within two hours. Officers inspect parcels, suitcases, bags, bundles, boxes and other property before accepting any item of property. No officer enters a hold room unless another officer is stationed outside the door, ready to respond as needed. Officers are not permitted to carry firearms, pepper spray, a baton or any other non-deadly force devices into a hold room. Detainees are not permitted to use tobacco products in a hold room or any other location at this facility.

If a detainee is removed from a hold room for medical treatment, an officer accompanies and remains with that detainee until medical personnel determine whether the condition requires hospitalization.

Overall Rating: Meets Standard**Reviewer Name (Printed):** (b)(6),(b)(7)(C)**Completion Date:** 10/6/2016**Reviewer Signature (for printed form submission):**

STANDARD 2.7. KEY AND LOCK CONTROL (Key: J)

This detention standard maintains facility safety and security by requiring that keys and locks be properly controlled and maintained.

Components	Rating	Remarks (1000 Char Max)
1. All staff shall be trained and held responsible for adhering to proper procedures for the care and handling of keys, including electronic key pads where they are used. Initial training shall be accomplished before staff is issued keys, and key control shall be among the topics covered in subsequent annual training.	Meets Standard	All employees are trained and held responsible for the proper care and handling of keys. Key control training is provided prior to officers being issued keys and annual training addresses key control.
2. Each facility administrator shall establish the position of Security Officer, or at a minimum, assign a staff member the collateral security officer. The Security Officer shall have a written position description that includes duties, responsibilities, and chain of command.	Meets Standard	The OIC has designated the armory sergeant as the key and lock control officer. The officer has a written position description that includes duties and responsibilities and chain of command.
3. <i>(SPCs/CDFs) The Security Officer is responsible for all administrative duties, including recordkeeping, concerning keys, locks, and related security equipment.</i>	Meets Standard	The key and lock control officer at this DIGSA is responsible for all administrative duties, including recordkeeping concerning keys, locks and related security equipment.
4. The Security Officer shall train and direct employees in key control, including electronic key pads where they are used.	Meets Standard	
5. The facility maintains inventories of all keys, locks and locking devices.	Meets Standard	The key and lock control officer maintains inventories of all keys, locks and locking devices. Inventories for keys and locking devices were reviewed and found to be accurate and up to date.
6. Facility policies and procedures address the issue of compromised keys, locks, and to ensure safe combination integrity.	Meets Standard	
7. Either deadbolts or deadlocks shall be used in detainee-accessible areas. Grand master-keying systems are not authorized. A master-keying system may be used only in housing units where detainees have individual room keys.	Meets Standard	Electronic deadbolt locks are used in detainee accessible areas. Grand master-keying systems are not authorized.
8. The security key control officer shall implement a preventive maintenance program. The security key control officer shall maintain all preventive maintenance records.	Meets Standard	The key and lock control officer maintains documentation to confirm that a preventive maintenance program has been implemented and maintains all preventive maintenance records. These records were reviewed during the inspection.

STANDARD 2.7. KEY AND LOCK CONTROL (Key: J)

This detention standard maintains facility safety and security by requiring that keys and locks be properly controlled and maintained.

Components	Rating	Remarks (1000 Char Max)
9. The Security Officer shall implement procedures for identifying every key ring and every key on each key ring, and for preventing keys from being removed from key rings, once issued.	Meets Standard	Key rings were inspected and each key ring was found to be identifiable, the number of keys is noted and keys cannot be removed from key rings once issued.
10. Emergency keys shall be on hand for every area to or from which entry or exit might be necessary in an emergency.	Meets Standard	A set of emergency keys with keys to every area to or from which entry or exit might be necessary in an emergency is maintained in the master control center.
11. The facility has a written policy and implementation procedures to ensure key accountability. Facilities shall use standard system for the issuance and accountability of key rings.	Meets Standard	There are written policy and procedures to ensure key accountability. The Morse Watchman KeyWatcher system is used to ensure a standardized system for the issuance and accountability of key rings.
12. The facility administrator shall establish rules and procedures for authorizing use of restricted keys.	Meets Standard	
13. Pharmacy keys shall be strictly controlled.	Meets Standard	Pharmacy keys are classified as restricted and are strictly controlled.
14. Keys to ICE and EOIR (Executive Office for Immigration Review) office and courtroom areas shall similarly be restricted and controlled. If a key is authorized for emergency withdrawal, a copy of the Restricted Key form is to be provided to ICE.	Meets Standard	
15. Officers shall store all their weapons in individual lockers before entering the facility. The facility administrator shall develop and implement site-specific procedures for controlling gun-locker access.	Meets Standard	There are site-specific procedures for controlling gun-locker access. All weapons are stored in individual gun lockers.

STANDARD 2.7. KEY AND LOCK CONTROL – Reviewer Summary

(Use following format for dates: mm/dd/yyyy)

Overall Remarks: (Record significant facts, observations, other sources used, etc.) (5000 Character Max)

The evaluation of this standard was based on review of policy and procedures, interviews with the chief of security and the key and lock control officer, inspection of individual key rings and visual observation of key control areas. These reviews confirmed that policies and procedures for the use, accountability and maintenance of keys are in place. The Morse Watchman KeyWatcher system keyboards are large enough to accommodate the facility key rings, including placeholders for keys in use. The system provides positive accountability of all keys.

Detainees are prohibited from handling keys. Policy requires that key rings, including those for gun lockers, must be securely fastened to a belt with a metal clip or other approved device. Fastening keys to a holster or belt loop is prohibited. Key covers or placing keys in a pocket is used for large security keys to prevent detainees or other unauthorized persons from observing

STANDARD 2.7. KEY AND LOCK CONTROL – Reviewer Summary*(Use following format for dates: mm/dd/yyyy)*

and duplicating them. Employees do not refer to key numbers or other means of key identification within earshot of a detainee and do not throw nor slide keys to one another.

Employees are trained not to force locks and that if a key fails to operate a lock, a supervisor is to be notified immediately. If a key breaks inside a lock, the employee maintains visual oversight of the lock until the problem is repaired or the key control officer removes the lock for repairs. In every instance, the employee is required to submit a memorandum on the incident to the OIC.

The key and lock control officer has completed an approved locksmith training program.

Policy requires written authorization from the OIC prior to a key or key ring being issued on a 24-hour basis.

Entrance/exit door locks of housing units, work areas, chapels, gyms and other areas with room capacity of fifty or more people meet the standards specified in the Occupational Safety and Environmental Health Manual and in the National Fire Protection Association Life Safety Code. Doors are equipped with prison type locking devices modified to function when pressure is applied from inside the room. Individual doors to areas with room capacity of fifty or more people do not have more than one lock each. Padlocks are not used on exit doors or intermediate doors along the exit route.

Key-change requests must be submitted in writing to the OIC. The key and lock control officer may add or remove a key from a ring only with the written authorization of the OIC. The splitting of key rings into separate rings is prohibited.

Overall Rating: Meets Standard

Reviewer Name (Printed)

(b)(6),(b)(7)(C)

Completion Date: 10/6/2016

Reviewer Signature (for printed form submission):

STANDARD 2.8. POPULATION COUNTS (Key: K)

This detention standard protects the community from harm and enhances facility security, safety, and good order by requiring that each facility have an ongoing, effective system of population counts and accountability for detainees.

Components	Rating	Remarks (1000 Char Max)
1. Staff conduct a formal count at least once each 8 hours (no less than three counts per day). At least one of these counts shall be a face to photo count.	Meets Standard	Formal counts are conducted at 2:00 a.m., 6:30 a.m., 10:30 a.m., 4:30 p.m., 9:00 p.m. and 11:00 p.m. The 4:30 p.m. count is a face-to-photo count.
2. Each officer shall make irregular but frequent checks to verify the presence of all detainees in his or her charge.	Meets Standard	Policy requires all officers to make frequent irregular checks of detainees in their areas to ensure that all detainees are accounted for.
3. The facility Control Center shall maintain a master count.	Meets Standard	
4. The control officer (or other designated position) maintains an "out-count" record of all detainees temporarily out of the facility.	Meets Standard	Officers assigned to master control maintain the official "out-count" record of all detainees temporarily out of the facility.
5. An emergency count shall be conducted when there is reason to believe a detainee is missing, or after a major disturbance has occurred.	Meets Standard	The requirements of this component are addressed in policy.

STANDARD 2.8. POPULATION COUNTS – Reviewer Summary

(Use following format for dates: mm/dd/yyyy)

Overall Remarks: (Record significant facts, observations, other sources used, etc.) (5000 Character Max)

The evaluation of this standard was based on a review of facility policy, officer interviews and observation of the 10:30 a.m. count on the second day of the inspection from various locations within the facility. The overall count process accounts for all detainees throughout each 24-hour period. Formal counts take place at least every eight hours. During the count, housing unit officers were observed ensuring that they were counting a living individual.

Count procedures were observed to be strictly followed by officers. If the accuracy of a count is in doubt officers conduct a recount. Officers never rely on a roll call in performing the count. Unaccompanied officers never perform a count in an open area such as a housing unit or in food service. One officer conducts the count while a second officer observes. Once the first count is completed the officers switch positions and count again. Officers performing the count have primary responsibility for the count accuracy. Officers remain in the count area until the count clears.

Detainees do not participate in the count nor the preparation or documentation of the count process. No detainee movement is allowed during the count process. All detainee units/areas were counted simultaneously with all detainees being counted at a specific location. Movement does not resume until the count is verified and cleared.

Counting officers report their count and then deliver a signed count slip to the watch supervisor's office. An officer from the master control center moves to the watch supervisor's office during the count to receive and enter the count into the automated database. A supervisor validates the count. If a recount fails to clear the shift supervisor orders a face to photo count.

Emergency counts are conducted in the same manner as formal counts and all detainees are returned to their housing units during such counts.

STANDARD 2.8. POPULATION COUNTS – Reviewer Summary	
<i>(Use following format for dates: mm/dd/yyyy)</i>	
Overall Rating: Meets Standard	
Reviewer Name (Printed): (b)(6),(b)(7)(C)	Completion Date: 10/6/2016
Reviewer Signature (for printed form submission):	

STANDARD 2.9. POST ORDERS (Key: L)

This detention standard protects detainees and staff and enhances facility security and good order by ensuring that each officer assigned to a security post knows the procedures, duties, and responsibilities of that post.

Components	Rating	Remarks (1000 Char Max)
1. The facility administrator shall ensure that: <ul style="list-style-type: none"> • There are written Post Orders for each security post, • Copies are available to all employees, • Written facility policy and procedures: <ul style="list-style-type: none"> ○ Provide official on-duty time for officers to read the applicable Post Orders when assigned to a post, and ○ Ensure that officers read those applicable Post Orders prior to assuming their posts. 	Meets Standard	There is a written post order for each security post and the post orders are available to all employees. Policy states that officers will be provided official on-duty time to read the applicable post orders when assigned to a post and supervisors are to ensure that officers read the applicable orders prior to assuming their posts. Logs are maintained on the post to document that post orders are available and have been read by the officer(s). Officers interviewed on several posts were familiar with the procedures regarding post orders.
2. Supervisors shall ensure that officers understand the Post Orders, regardless of whether the assignment is temporary, permanent, or due to an emergency.	Meets Standard	
3. Anyone assigned to an armed post qualifies with the post weapons before assuming post duty.	Meets Standard	Each officer assigned to an armed post must qualify with the post weapon(s) and be issued a weapons certification card from the state of California before assuming any post where a weapon is required.
4. Post Orders for armed posts, and for posts that control access to the institution perimeter, clearly state that: Any staff member who is taken hostage is considered to be under duress, and Any order issued by such a person, regardless of his or her position of authority, is to be disregarded.	Meets Standard	
5. Specific instructions for escape attempts shall be included in the Post Orders for armed posts.	Meets Standard	The post orders for armed posts contained specific instructions for escape attempts.
6. Post Orders shall be kept current at all times and formally reviewed at least annually and updated as needed.	Meets Standard	The master file of post orders and post orders on several posts were reviewed. All of them were current. Post orders are reviewed and updated at least annually. The most recent review occurred in 09/2016.

STANDARD 2.9. POST ORDERS (Key: L)

This detention standard protects detainees and staff and enhances facility security and good order by ensuring that each officer assigned to a security post knows the procedures, duties, and responsibilities of that post.

Components	Rating	Remarks (1000 Char Max)
7. Post Orders and logbooks are confidential and must be kept secure at all times and never left in an area accessible to detainees.	Meets Standard	
8. The facility administrator authorizes all Post Orders and changes.	Meets Standard	Per policy and procedure and a review of the post orders, the OIC authorizes all post orders and changes.

STANDARD 2.9. POST ORDERS – Reviewer Summary

(Use following format for dates: mm/dd/yyyy)

Overall Remarks: (Record significant facts, observations, other sources used, etc.) (5000 Character Max)

Post orders for non-permanent assignments are developed in advance or as soon as possible after the need arises. Officers are required to familiarize themselves with the duties of the positions and remain aware of changes in operation and duties of that post.

The assistant OIC for security supervises the preparation of all post orders. The post orders are based on ICE detention standards and policies and facility practices and specify the hours of each post. The post orders are issued in a six-part classification folder as specified in the standard. The housing unit post orders follow the daily event schedule format.

The armed positions post orders were reviewed and each describes and explains the proper care and safe handling of firearms and the circumstances and conditions under which the use of firearms is authorized.

The post orders are based on and consistent with the detention standard on Use of Force and Restraints. The assistant OIC for security determines whether post orders need updating between regular annual reviews. Immediately prior to annual reviews security supervisors solicit written suggestions for changes or additions to post orders from ICE/ERO, contract and other affected staff.

Security supervisors review and comment on suggested changes prior to submitting them to the assistant OIC for security for possible inclusion in the post orders. The post order changes are forwarded to the OIC for approval. Emergency changes are made by memorandum and placed in the post orders and these changes are incorporated into the post orders during the next annual review.

The chief of security maintains the post order master file which is available to all officers and post orders maintained at the various posts are secure from detainee access.

Overall Rating: Meets Standard

Reviewer Name (Printed)

(b)(6),(b)(7)(C)

Completion Date: 10/6/2016

Reviewer Signature (for printed form submission):

STANDARD 2.10. SEARCHES OF DETAINEES (Key: M)		
This detention standard protects detainees and staff and enhances facility security and good order by detecting, controlling, and properly disposing of contraband.		
Components	Rating	Remarks (1000 Char Max)
1. PRIORITY: The facility has written policy and procedures governing searches of detainees and housing or work areas. The policies and procedures include the requirement that staff employ the least intrusive method of body search practicable, based on security concerns involved; and conduct searches without unnecessary force and in ways that preserve the dignity of detainees.	Meets Standard	Written policy addresses the requirements of this component.
2. All staff who do housing or work area searches or body searches shall receive initial training regarding search procedure prior to entering on duty, and annual training in effective techniques thereafter.	Meets Standard	Employees are trained in search procedure prior to entry onto duty and annually thereafter.
3. The facility shall establish procedures to ensure all housing units and work areas are searched routinely, but irregularly.	Meets Standard	Policy and post orders delineate the duties of the various staff that conduct searches throughout the facility. Practice adheres to these directives.
4. Staff shall maintain written documentation of each housing unit search within the individual housing unit.	Meets Standard	Housing unit searches are documented as required.
5. Work areas shall be searched each workday by shop supervisors, and these inspections shall be supplemented with periodic searches by designated search teams.	Meets Standard	
6. Strip searches are conducted only when there is reasonable belief or suspicion that contraband may be concealed on the person, or a good opportunity for concealment has occurred, and when properly authorized by a supervisor.	Meets Standard	
7. PRIORITY: Strip searches are performed by an officer of the same gender as the detainee.	Meets Standard	Strip searches are performed by an officer of the same gender as the detainee.
8. Body cavity searches are conducted by designated health personnel only when authorized by the facility administrator (or acting administrator) on the basis of reasonable belief or suspicion that contraband may be concealed in or on the detainee's person. Body cavity searches are performed in an area that affords privacy from other detainees and from facility staff who are not involved in the search.	Meets Standard	Body cavity searches are conducted offsite by medical professionals who are not employees of the facility or ICE, and otherwise as stipulated by this component.
9. "Dry cells" are used for contraband detection only when there is reasonable belief of concealment, with proper authorization, and in accordance with required procedures.	N/A	This facility does not use dry cells.
10. The chief of security shall have post orders for closely observing a detainee in dry cell status.	N/A	This facility does not use dry cells.

STANDARD 2.10. SEARCHES OF DETAINEES – Reviewer Summary*(Use following format for dates: mm/dd/yyyy)***Overall Remarks:** *(Record significant facts, observations, other sources used, etc.) (5000 Character Max)*

Searches and security inspections occur regularly, as stipulated by the standard. Contraband is controlled via policy and effective security practices. Strip search documentation provides specific and articulable facts used to determine that reasonable suspicion guidelines have been met. Officers attempt to resolve any suspicions through less intrusive means, such as thorough examination of reasonably available documentation, a pat search and/or detainee interview. Detainees are pat searched before and after contact social or legal visits.

This standard was evaluated via policy review, examination of logs and other documentation, tours of the facility, and staff interviews.

Overall Rating: Meets Standard**Reviewer Name (Printed):** (b)(6),(b)(7)(C)**Completion Date:** 10/6/2016**Reviewer Signature (for printed form submission):**

STANDARD 2.11. SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION (Key: N)

This detention standard requires that facilities that house ICE/ERO detainees act affirmatively to prevent sexual abuse and assaults on detainees, provide prompt and effective intervention and treatment for victims of sexual abuse and assault, and control, discipline, and prosecute the perpetrators of sexual abuse and assault.

Components	Rating	Remarks (1000 Char Max)
<p>1. PRIORITY: Each facility has written policy and procedures for a Sexual Abuse and Assault Prevention and Intervention Program that includes, at a minimum:</p> <ul style="list-style-type: none"> • A zero-tolerance policy for all forms of sexual abuse or assault; • Measures taken to prevent sexual abuse or assault, including the designation of specific staff members responsible for staff training and detainee education regarding issues pertaining to sexual assault; • Procedures for immediate reporting of any allegation of sexual abuse or assault through the facility's chain-of-command procedure, and to ICE/ERO, including written documentation requirements; • Procedures for detainees to report allegations; • Measures taken for prompt and effective intervention to address the safety and medical/mental health treatment needs of detainee victims, and to preserve and collect evidence; • Procedures for referral of incidents to appropriate investigative agencies (including law enforcement agencies and OPR), and coordination with such entities; • Disciplinary sanctions for staff, up to and including termination when staff has violated agency sexual abuse policies; and • Data collection and reporting. 	Meets Standard	There is written policy and procedures for a sexual abuse and assault prevention and intervention (SAAPI) program that encompasses all of the bulleted points listed in this component.
<p>2. The facility administrator maintains or attempts to enter into memoranda of understanding (MOU) or other agreements with community service providers or, if local providers are not available, with national organizations that provide legal advocacy and confidential emotional support services for immigrant victims of crime.</p>	Meets Standard	The facility has agreements with community service providers, e.g., Kaiser Permanente Hospital.
<p>3. PRIORITY: The facility administrator has designated a Sexual Abuse and Assault Prevention and Intervention Program Coordinator for the facility.</p>	Meets Standard	The assistant facility administrator has been formally designated the SAAPI coordinator.

STANDARD 2.11. SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION (Key: N)

This detention standard requires that facilities that house ICE/ERO detainees act affirmatively to prevent sexual abuse and assaults on detainees, provide prompt and effective intervention and treatment for victims of sexual abuse and assault, and control, discipline, and prosecute the perpetrators of sexual abuse and assault.

Components	Rating	Remarks (1000 Char Max)
4. PRIORITY: Training on the facility's Sexual Abuse and Assault Prevention and Intervention Program is included in initial and annual refresher training for employees, volunteers, and contract personnel, and address all training topics required by the Detention Standard. The facility maintains written documentation verifying employee, volunteer, and contractor training.	Meets Standard	As verified by a review of training records and curricula, sexual abuse training is provided to all staff members during both initial training and annual refresher training.
5. PRIORITY: Detainees are informed about the facility's Sexual Abuse and Assault Prevention and Intervention Program and zero-tolerance policy for sexual abuse and assault through the orientation program and the detainee handbook. Detainee notification, orientation, and instruction must be in a language or manner that the detainee understands.	Meets Standard	Detainees are informed about the SAAPV program and zero-tolerance policy via handbooks and brochures, which are distributed during in-processing, postings in the housing units and an orientation video. The information is provided in English and Spanish.
6. The Sexual Assault Awareness Notice, along with the names of the program coordinator and local organizations that can assist detainees who have been victims of sexual assault, is posted on all housing unit bulletin boards. The "Sexual Assault Awareness Information" brochure is distributed to detainees.	Does Not Meet Standard	The Sexual Assault Awareness Notice, with the name of the program coordinator and local organizations, was not posted on the disciplinary segregation unit (DSU) on day one. During the inspection, a copy of the poster was included in a red file folder placed at the base of the two portable telephone stands in the DSU. The notice was posted in the other housing units. However, the title of "duty supervisor" is listed as the person to contact on all the posters, not the "program coordinator" (who is not the duty supervisor). The facility handbook does inform detainees to contact the program coordinator with issues related to sexual abuse/assault. The Sexual Assault Awareness Information brochure is distributed to detainees during intake.
7. Detainees are provided the option to report any incident of sexual abuse or assault to any staff member, including a designated staff member other than an immediate point-of-contact line officer (e.g. the program coordinator or a mental health specialist).	Meets Standard	Detainees may report any incident of sexual abuse or assault to any staff member.

STANDARD 2.11. SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION (Key: N)

This detention standard requires that facilities that house ICE/ERO detainees act affirmatively to prevent sexual abuse and assaults on detainees, provide prompt and effective intervention and treatment for victims of sexual abuse and assault, and control, discipline, and prosecute the perpetrators of sexual abuse and assault.

Components	Rating	Remarks (1000 Char Max)
<p>8. PRIORITY: Detainees are screened upon arrival at the facility for potential vulnerabilities to sexually aggressive behavior or tendencies to act out with sexually aggressive behavior.</p> <p>Detainees identified as being at risk for sexual victimization are monitored and counseled, and placed in the least restrictive housing that is available and appropriate.</p>	Meets Standard	Detainees are screened upon arrival for high risk sexual assaultive and victimization potential via the PREA Risk Assessment. At-risk detainees are monitored and counseled and are placed in appropriate housing.
<p>9. A detainee who is subjected to sexual abuse or assault is not returned to general population until proper re-classification, taking into consideration any increased vulnerability of the detainee as a result of the sexual abuse or assault, is completed.</p>	Meets Standard	A detainee who has been a victim of sexual abuse or assault is returned to the general population only after reclassification and only after consideration is given to any increased vulnerability.
<p>10. PRIORITY: Any detainee who alleges that he/she has been sexually assaulted is offered immediate protection from the assailant and referred for a medical examination and/or clinical assessment for potential negative symptoms.</p>	Meets Standard	A detainee who alleges sexual assault is immediately protected from the assailant and referred to medical staff.
<p>11. PRIORITY: Staff members who become aware of an alleged assault immediately follow the reporting requirements set forth in the written policies and procedures.</p> <p>When a detainee(s) is alleged to be the perpetrator, the facility administrator ensures that the incident is promptly referred to the appropriate law enforcement agency having jurisdiction for investigation, and reported to the Field Office Director.</p> <p>When an employee, contractor, or volunteer is alleged to be the perpetrator, the facility administrator ensures that the incident is promptly referred to the appropriate law enforcement agency having jurisdiction for investigation, and reported to the Field Office Director. The local government entity or contractor that owns or operates the facility is also notified.</p>	Meets Standard	Policy establishes procedures for reporting requirements. Whether the alleged perpetrator is another detainee, employee, contractor or volunteer, referrals are made to the San Bernardino Sheriff's Office and to the FOD. Contract corporate headquarters are notified immediately.
<p>12. The facility uses a coordinated, multidisciplinary team approach to responding to sexual abuse, which includes a medical practitioner, a mental health practitioner, a security staff member, and an investigator from the assigned investigative entity, as well as representatives from outside entities that provide relevant services and expertise.</p>	Meets Standard	The facility uses a multidisciplinary team approach, which includes medical and mental health practitioners, security personnel, and investigators from the San Bernardino Sheriff's Office.

STANDARD 2.11. SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION (Key: N)

This detention standard requires that facilities that house ICE/ERO detainees act affirmatively to prevent sexual abuse and assaults on detainees, provide prompt and effective intervention and treatment for victims of sexual abuse and assault, and control, discipline, and prosecute the perpetrators of sexual abuse and assault.

Components	Rating	Remarks (1000 Char Max)
13. Care is taken to place a victimized detainee in a supportive environment that represents the least restrictive housing option possible (e.g. protective custody), but victims are not held for longer than five days in any type of administrative segregation except in highly unusual circumstances or at the request of the detainee.	Meets Standard	Victimized detainees are placed in a supportive environment, such as protective custody, but such placement does not exceed five days.
14. PRIORITY: Staff suspected of perpetrating sexual abuse or assault are removed from all duties requiring detainee contact pending the outcome of an investigation.	Meets Standard	Staff suspected of perpetrating sexual abuse or assault are removed from all duties requiring detainee contact pending the outcome of an investigation.
15. The facility ensures that all investigations into alleged sexual assault are prompt, thorough, objective, fair, and conducted by qualified investigators. Written procedures establish the coordination and sequencing of administrative and criminal investigations to ensure that the latter is not compromised by the former, including the process for conducting internal administrative investigations only after consultation with the assigned criminal investigative entity or after a criminal investigation has concluded.	Meets Standard	Written policy and procedure address the requirements listed in this component.
16. Information concerning the identity of a detainee victim reporting sexual assault, and the facts of the report itself, are limited to those who have a need-to-know in order to make decisions concerning the detainee-victim's welfare, and for law enforcement/investigative purposes.	Meets Standard	Detainee victim information and information regarding the investigation and report is provided only to those with a need-to-know.
17. When possible and feasible, appropriate staff preserve the crime scene, and safeguard information and evidence in coordination with the referral agency and consistent with established evidence-gathering and evidence-processing procedures.	Meets Standard	When possible, personnel preserve the crime scene and safeguard information and evidence for local law enforcement.
18. At no cost to the detainee, the facility administrator arranges for the victim to undergo a forensic medical examination by external independent and qualified health care personnel. The results of the physical examination and all collected physical evidence are provided to the investigative entity.	Meets Standard	At no cost to the detainee, independent forensic medical examinations are arranged, as indicated. The results are provided to the investigative entity.
19. The program coordinator reviews the results of every investigation of sexual abuse or assault to assess and improve prevention and response efforts.	Meets Standard	The program coordinator reviews and assesses the results of every investigation of sexual abuse or assault to improve prevention and response efforts.

STANDARD 2.11. SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION (Key: N)

This detention standard requires that facilities that house ICE/ERO detainees act affirmatively to prevent sexual abuse and assaults on detainees, provide prompt and effective intervention and treatment for victims of sexual abuse and assault, and control, discipline, and prosecute the perpetrators of sexual abuse and assault.

Components	Rating	Remarks (1000 Char Max)
20. Victims are provided emergency medical and mental health services and ongoing care as appropriate, including testing for sexually transmitted diseases and infections, prophylactic treatment, emergency contraception, follow-up examinations for sexually transmitted diseases, and referrals for counseling (including crisis intervention counseling).	Meets Standard	Policy and procedure include the requirements listed in this component.
21. All case records associated with claims of sexual abuse are maintained in a secure location, consistent with the confidentiality requirements of the Detention Standards on "Medical Care" and "Detention Files."	Meets Standard	All case records associated with claims of sexual abuse or assault are maintained as required in the investigator's office in locked files.
22. The program coordinator conducts an annual review of aggregate data regarding sexual abuse or assault incidents at the facility, and presents the findings to the Field Office Director and ICE/ERO HQ for use in determining whether changes are needed to existing policies and practices to further the goal of eliminating sexual abuse.	Meets Standard	The program coordinator conducts an annual review and presents the findings to ICE through the OIC and corporate headquarters.

STANDARD 2.11. SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION – Reviewer Summary

(Use following format for dates: mm/dd/yyyy)

Overall Remarks: (Record significant facts, observations, other sources used, etc.) (5000 Character Max)

Approved policies ensure immediate protection to victims, include prevention of retaliation, assure medical and mental health referrals for alleged victims, specify medical employees' responsibility to report allegations or suspicions of sexual assault to facility staff and specify evidence gathering and forensic medical exam protocols. The program coordinator is responsible for detainee education regarding issues pertaining to sexual assault. Detainees are provided instructions on how to contact DHS/OIG or ICE to confidentially report sexual abuse or assault.

The Sexual Abuse and Assault Prevention and Intervention Program (SAAPI) coordinator assists with the development of written policies and procedures and training protocols and serves as a liaison with other agencies. Employee, contractor and volunteer training includes all of the topics listed in the Standard. Following the intake process, detainees are educated on the SAAPI program with such instruction and on topics as detailed in the Standard. The facility documents detainee participation in the instruction session.

Detainees identified as "high risk" for committing sexual assault are assessed by a mental health or other qualified health care professional and treated, if indicated. Statements from detainees claiming to be victims of sexual assaults are taken seriously and professionally responded to.

If and when health care services and collection of forensic evidence is performed off-site: health care professionals conduct an examination and make referrals as indicated; evidence is collected using an approved kit; forensic evidence is secured and the chain of custody is maintained; testing is conducted for sexually transmitted diseases and infections and referrals for counseling are made, as appropriate; upon request, prophylactic treatment and follow-up examinations for sexually transmitted diseases are offered; after the physical examination, a mental health professional evaluates the need for crisis intervention, counseling and long-term follow-up. During the community forensic exam, the victim may choose to have an outside advocate present. When the detainee has been transferred, the OIC is notified.

STANDARD 2.11. SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION – Reviewer Summary*(Use following format for dates: mm/dd/yyyy)*

SAAPI case records include general files and administrative investigative files and are maintained chronologically, in accordance with medical care and detention standards and applicable policies, and retained in accordance with established schedules. The OIC maintains an electronic record in the detail that is required by the Standard. Law enforcement sensitive documents or evidence are not stored at the facility.

There were thirteen allegations of sexual assault/abuse since the last inspection. Four involved staff and detainees and the allegations centered on pat down searches and indecent exposure. Two of the cases are pending and two were unfounded. Nine involved detainees only and the allegations centered on unwanted touching and intimidation. Three of the cases were unfounded, five were unsubstantiated, and one is pending.

Policy and procedure address prevention, intervention and treatment for victims of sexual abuse or assault, as well as investigation and prosecution of the perpetrators. Evaluation of the standard was based on review of policy, procedure, documentation, files, postings and logs, and staff interviews.

Overall Rating: Meets Standard

Reviewer Name (Printed) (b)(6),(b)(7)(C)

Completion Date: 10/6/2016

Reviewer Signature (for printed form submission):

STANDARD 2.12. SPECIAL MANAGEMENT UNITS (Key: O)

This detention standard protects detainees, staff, contractors, volunteers, and the community from harm by segregating certain detainees from the general population in Special Management Units (SMUs) with an Administrative Segregation section for detainees segregated for administrative reasons and a Disciplinary Segregation section for detainees segregated for disciplinary reasons.

Components	Rating	Remarks (1000 Char Max)
1. Written policy and procedures are in place for special management units, including Administrative Segregation and Disciplinary Segregation, as well as documenting the reason(s) for placement and periodic reviews.	Meets Standard	Policy and procedures are in place for the special management unit (SMU). Policy for the SMU includes administrative and disciplinary segregation and requires documented reasons for placement in the SMU and for periodic reviews.
2. The number of detainees confined to each cell or room does not exceed the capacity for which it was designed.	Meets Standard	The chief of security stated that capacity is never exceeded in the segregation unit. The cells in administrative and disciplinary segregation are both single and double occupancy.
3. Cells and rooms are well ventilated, adequately lit, appropriately heated/cooled and maintained in a sanitary condition at all times. Cells are conducive to maintaining a safe and secure environment for all detainees, with particular emphasis on allowing for full visibility and appropriate observation by staff, and wherever possible on eliminating potential safety hazards such as sharp edges and anchoring devices.	Meets Standard	On-site observations confirmed that the cells are clean, well ventilated, adequately lit and climate controlled. Detainees are visible and can be observed by officers. No potential safety hazards were noted.
4. Each facility shall issue guidelines concerning the privileges detainees may have in both Administrative and Disciplinary status.	Meets Standard	Policy includes specific privileges detainees may have in both administrative and disciplinary status.
5. PRIORITY: Detainees in SMUs are personally observed at least every 30 minutes in an irregular schedule and more often when warranted.	Meets Standard	Policy states that detainees in SMU will be personally observed at least every thirty minutes on an irregular schedule, and more often when warranted. A log is maintained to document the thirty minute checks.

STANDARD 2.12. SPECIAL MANAGEMENT UNITS (Key: O)

This detention standard protects detainees, staff, contractors, volunteers, and the community from harm by segregating certain detainees from the general population in Special Management Units (SMUs) with an Administrative Segregation section for detainees segregated for administrative reasons and a Disciplinary Segregation section for detainees segregated for disciplinary reasons.

Components	Rating	Remarks (1000 Char Max)
<p>6. PRIORITY: A detainee is placed in Administrative Segregation only for non-punitive reasons, when necessary to ensure the safety of detainees or others, the protection of property, or the security or good order of the facility.</p> <p>The facility administrator or designee shall complete the Administrative Segregation Order (Form I-885 or equivalent), detailing the reasons for placing a detainee in Administrative Segregation, before his or her actual placement. A copy of the order shall be immediately provided to the detainee in a language or manner the detainee can understand, unless delivery would jeopardize the safe, secure, or orderly operation of the facility.</p>	Meets Standard	<p>A detainee is placed in administrative segregation only for non-punitive reasons when necessary to ensure the safety of detainees or others, the protection of property, or the security of the good order of the facility. The shift supervisor completes an equivalent local administrative segregation order before a detainee is placed in administrative segregation. A copy of the order is immediately provided to the detainee in a language or manner the detainee can understand. The order is also forwarded through the OIC to the ICE field office.</p>
<p>7. PRIORITY: A detainee is placed in protective custody status in Administrative Segregation only when there is documentation and supervisory approval that it is warranted and that no reasonable alternatives are available. Use of administrative segregation to protect vulnerable populations shall be restricted to those instances where reasonable efforts have been made to provide appropriate housing and shall be made for the least amount of time practicable, and when no other viable housing options exist, and as a last resort. Detainees who have been placed in administrative segregation for protective custody shall have access to programs, services, visitation, counsel and other services available to the general population to the maximum extent possible.</p>	Meets Standard	<p>Detainees are placed in protective custody status only when there is documentation that such placement is warranted and that no other alternative is available. Policy dictates that detainees are placed in administrative segregation only for non-punitive reasons and when necessary to ensure the safety of detainees or others, or the security or good order of the facility. Detainees placed in administrative segregation status are provided access to programs and other services to the maximum extent possible.</p>

STANDARD 2.12. SPECIAL MANAGEMENT UNITS (Key: O)

This detention standard protects detainees, staff, contractors, volunteers, and the community from harm by segregating certain detainees from the general population in Special Management Units (SMUs) with an Administrative Segregation section for detainees segregated for administrative reasons and a Disciplinary Segregation section for detainees segregated for disciplinary reasons.

Components	Rating	Remarks (1000 Char Max)
8. A detainee will be placed in Disciplinary Segregation only after a finding by a Disciplinary Hearing Panel that the detainee is guilty of a prohibited act or rule violation classified at a "Greatest," "High," or "High-Moderate" level, as defined in the Detention Standard on Disciplinary System.	Meets Standard	Written procedures for placing a detainee in disciplinary segregation include the requirements of this component. The disciplinary hearing officer was interviewed and documentation was reviewed which confirmed that practice is consistent with policy. There were thirty ICE detainees in disciplinary segregation on the first day of the inspection.
9. A written order shall be completed and signed by the chair of the IDP (or disciplinary hearing officer) before a detainee is placed into Disciplinary Segregation. A copy of the order shall be immediately given to the detainee in a language or manner the detainee can understand, unless delivery would jeopardize the safety, security, or the orderly operation of the facility.	Meets Standard	A written order is completed and signed by the OIC or designee before a detainee is placed into disciplinary segregation. A copy of the order is given to the detainee within 24 hours.
10. Upon a detainee's release from the SMU, the releasing officer attaches the entire housing unit record to the Administrative Segregation Order or Disciplinary Segregation Order and forwards it to the Chief of Security or equivalent for inclusion in the detainee's detention file.	Meets Standard	

STANDARD 2.12. SPECIAL MANAGEMENT UNITS (Key: O)

This detention standard protects detainees, staff, contractors, volunteers, and the community from harm by segregating certain detainees from the general population in Special Management Units (SMUs) with an Administrative Segregation section for detainees segregated for administrative reasons and a Disciplinary Segregation section for detainees segregated for disciplinary reasons.

Components	Rating	Remarks (1000 Char Max)
<p>11. PRIORITY: There are implemented written procedures for the regular review of all detainees in Administrative Segregation.</p> <p>A supervisor conducts a review within 72 hours of the detainee's placement in Administrative Segregation to determine whether segregation is still warranted. The review includes an interview with the detainee, and a written record is made of the decision and the justification.</p> <p>If a detainee is segregated for the detainee's protection, but not at the detainee's request, continued detention requires the authorizing signature of the facility administrator or assistant facility administrator.</p> <p>When a detainee has spent seven days in Administrative Segregation, and every week thereafter for the first 30 days and at least every 10 days thereafter, a supervisor conducts a similar review, including an interview with the detainee, and documents the decision and justification.</p>	Does Not Meet Standard	<p>Written policy, a review of documentation and interviews with the chief of security and the administrative lieutenant responsible for the SMU indicated that within 72 hours of a detainee's initial placement in administrative segregation a supervisor conducts a review to determine if segregation is still warranted. The initial review includes an interview with the detainee. If the detainee has been segregated for his own protection, but not at the detainee's request, the signature of the OIC or assistant OIC is required to authorize continued segregation. After a detainee has spent seven days in administrative segregation and every week thereafter for sixty days the SMU supervisor conducts a review which does not include an interview with the detainee. The decision and justification is documented. The standard requires that all reviews include an interview with the detainee; therefore, this component is rated as Does Not Meet Standard.</p>
<p>12. A copy of the decision and justification for each segregation status review is given to the detainee, unless, in exceptional circumstances, this provision would jeopardize security. The detainee is given an opportunity to appeal a review decision to a higher authority within the facility.</p>	Meets Standard	<p>A copy of the decision and justification for each status review is provided to the detainee. The detainee may appeal the decision to the OIC.</p>

STANDARD 2.12. SPECIAL MANAGEMENT UNITS (Key: O)

This detention standard protects detainees, staff, contractors, volunteers, and the community from harm by segregating certain detainees from the general population in Special Management Units (SMUs) with an Administrative Segregation section for detainees segregated for administrative reasons and a Disciplinary Segregation section for detainees segregated for disciplinary reasons.

Components	Rating	Remarks (1000 Char Max)
<p>13. A permanent log is maintained in each SMU to record all activities concerning SMU detainees (meals served, recreation, visitors, etc.).</p> <p>The SMU log records the detainee's name, A-number, housing location, date admitted, reasons for admission, status review dates, tentative release date for detainees in Disciplinary Segregation, the authorizing official, and date released. These logs shall also be used by supervisory staff and other officials to record their visits to the unit.</p>	Meets Standard	A permanent log is maintained by SMU officers of all detainee activity in the SMU. The log records all of the information required by this component.
<p>14. A separate log is maintained in the SMU that all persons visiting the unit must sign and record:</p> <ul style="list-style-type: none"> The time and date of the visit, and Any unusual activity or behavior of an individual detainee, with a follow-up memorandum sent through the facility administrator to the detainee's file. 	Meets Standard	Officers in the SMU maintain a separate log which all visitors must sign recording the date and time of their visit. Supervisory visits are recorded in red ink. Any unusual activity or behavior of a detainee is documented and a follow-up memorandum is sent through the facility administrator to the detainee's file. The visitors log was reviewed and found to be current.
<p>15. A Special Management Housing Unit Record is maintained on each detainee in an SMU, that records:</p> <ul style="list-style-type: none"> Whether the detainee ate, showered, recreated, and took any medication; and Any additional information, such as whether the detainee has a medical condition, or has exhibited suicidal/assaultive behavior. 	Meets Standard	
<p>16. Health care personnel are immediately informed when a detainee is admitted to an SMU to provide assessment and review as indicated by health care protocols.</p>	Meets Standard	Health care personnel are immediately informed when a detainee is admitted to the SMU in order to provide assessment and review as indicated by health care protocols.

STANDARD 2.12. SPECIAL MANAGEMENT UNITS (Key: O)

This detention standard protects detainees, staff, contractors, volunteers, and the community from harm by segregating certain detainees from the general population in Special Management Units (SMUs) with an Administrative Segregation section for detainees segregated for administrative reasons and a Disciplinary Segregation section for detainees segregated for disciplinary reasons.

Components	Rating	Remarks (1000 Char Max)
17. PRIORITY: Detainees with serious mental illness may not be automatically placed in an SMU on the basis of such mental illness. Every effort shall be made to place detainees with serious mental illness in a setting in or outside of the facility in which appropriate treatment can be provided, rather than an SMU, if separation from the general population is necessary.	Meets Standard	The director of nursing confirmed that if a detainee with serious mental illness needs to be separated from the general population he is not automatically placed in the SMU. Prior to separating the detainee from the general population, health care personnel are contacted to provide an assessment of the detainee's illness. Based on the recommendations provided by medical personnel, the detainee will be placed in a setting in which appropriate treatment can be provided.
18. PRIORITY: Health care personnel conduct face-to-face medical assessments for every detainee in an SMU at least once daily, and where reason for concern exists, assessments are followed up with a complete evaluation by a qualified medical or mental health professional, and indicated treatment. Medical visits shall be recorded on the SMU housing record or comparable form, and any action taken shall be documented in a separate logbook.	Meets Standard	A health care provider conducts a face-to-face visit with every detainee in the SMU on each shift. Prescribed medication is provided as required. All SMU detainees have access to regularly scheduled sick call. Any action taken is documented by health care professionals and the medical visit is recorded in the Medical Services Segregation Daily Evaluation log and the SMU housing record.
19. A detainee's mental health status shall be reviewed and documented at least once every 30 days.	Meets Standard	
20. Detainees in SMUs may shave and shower at least three times weekly and receive other basic services (such as laundry, hair care, barbering, clothing, bedding, and linen) on the same basis as the general population.	Meets Standard	Per policy, detainees in the SMU receive each of the services required by this component on the same basis as the general population.

STANDARD 2.12. SPECIAL MANAGEMENT UNITS (Key: O)

This detention standard protects detainees, staff, contractors, volunteers, and the community from harm by segregating certain detainees from the general population in Special Management Units (SMUs) with an Administrative Segregation section for detainees segregated for administrative reasons and a Disciplinary Segregation section for detainees segregated for disciplinary reasons.

Components	Rating	Remarks (1000 Char Max)
21. Detainees in Administrative Segregation are provided opportunities to spend time outside their cells (over and above the required recreation periods), for such activities as socializing, watching TV, and playing board games and may be assigned to work details (for example, as orderlies in the SMU).	Meets Standard	Detainees in administrative segregation receive four hours per day of recreation, seven days per week, and up to three additional hours in the dayroom, seven days per week. Board games are available and detainees are permitted to socialize with other detainees.
22. The shift supervisor sees each segregated detainee daily, including weekends and holidays.	Meets Standard	The shift supervisor is required to see each detainee in the SMU daily, including weekends and holidays. Review of the SMU logs confirmed that these visits are taking place.
23. The facility administrator (or designee) visits each SMU daily.	Meets Standard	The OIC or designee visits the SMU each day. The visits are documented on the SMU visitor log.
24. Detainees in SMUs are provided three nutritionally adequate meals per day, ordinarily from the general population menu.	Meets Standard	
25. Only for documented medical or mental health reasons are detainees denied such items as clothing, mattress, bedding, linens, or a pillow. If a detainee is so disturbed that he or she is likely to destroy clothing or bedding or create a disturbance risking harm to self or others, the medical department is notified immediately and a regimen of treatment and control instituted by the medical officer.	Meets Standard	Policy addresses all of the issues in this component.
26. Detainees in an SMU may write and receive letters the same as the general population.	Meets Standard	
27. Detainees in an SMU ordinarily retain visiting privileges.	Meets Standard	
28. Adequate documentation is generated for any restricted or disallowed general visits for a detainee in an SMU who violated visiting rules or whose behavior indicated the detainee would be a threat to the security or good order of the visiting room in the past year. Where visits are restricted or disallowed, a report is filed with the facility administrator and ICE/ERO, and made part of the detainee's file.	Meets Standard	According to the chief of security and the lieutenant, there have been no denials or restrictions of visitation privileges during the previous twelve months. Any such denial or restriction would be documented for the reasons stated in the component and forwarded through the OIC to ICE.

STANDARD 2.12. SPECIAL MANAGEMENT UNITS (Key: O)

This detention standard protects detainees, staff, contractors, volunteers, and the community from harm by segregating certain detainees from the general population in Special Management Units (SMUs) with an Administrative Segregation section for detainees segregated for administrative reasons and a Disciplinary Segregation section for detainees segregated for disciplinary reasons.

Components	Rating	Remarks (1000 Char Max)
29. Under no circumstances is a detainee permitted to participate in general visitation while in restraints.	Meets Standard	Detainees are not permitted to visit while in restraints.
30. Detainees in protective custody and violent and disruptive detainees are not permitted to use the visitation room during normal visitation hours.	Meets Standard	
31. In cases in which a visit would present an unreasonable security risk, visits may be disallowed for a particular violent or disruptive detainee.	Meets Standard	Policy addresses the requirements of this component.
32. Ordinarily, detainees in SMUs are not denied legal visitation.	Meets Standard	No detainees were denied legal visitation during the previous twelve months. Any such denial must be documented.
33. Detainees in SMUs are allowed visits by members of the clergy or other religious service providers, upon request; unless it is determined a visit presents a risk to safety, security, or orderly operations.	Meets Standard	
34. Detainees in SMUs have access to reading materials, including religious materials. The Recreation Specialist offers each detainee soft-bound, non-legal books on a rotating basis.	Meets Standard	
35. Detainees in SMUs have access to legal materials, in accordance with the Detention Standard on Law Libraries and Legal Material. Detainees are permitted to retain all personal legal material in the SMU, provided it does not create a safety, security and/or sanitation hazard. Detainee requests for access to legal material in their stored personal property are accommodated as soon as possible and always within 24 hours of a detainee's request.	Meets Standard	All of the requirements of this component are fully addressed in policy and practice.
36. Any denial of access to the law library is always: <ul style="list-style-type: none"> Supported by compelling security concerns, For the shortest period required for security, and Fully documented in the SMU housing logbook. ICE/ERO is notified every time law library access is denied.	Meets Standard	During the previous twelve months, no detainee in administrative segregation has been denied access to the LexisNexis law library or law library materials. According to the chief of security and the lieutenant, were such a denial to occur the requirements of the component would be followed. ICE would be notified if an ICE detainee were denied access to the law library or law library materials.

STANDARD 2.12. SPECIAL MANAGEMENT UNITS (Key: O)

This detention standard protects detainees, staff, contractors, volunteers, and the community from harm by segregating certain detainees from the general population in Special Management Units (SMUs) with an Administrative Segregation section for detainees segregated for administrative reasons and a Disciplinary Segregation section for detainees segregated for disciplinary reasons.

Components	Rating	Remarks (1000 Char Max)
37. Recreation for detainees in the SMU is separate from the general population.	Meets Standard	
38. Detainees in the SMU for administrative reasons are offered at least one hour of recreation per day, outside their cells and scheduled at a reasonable time, at least seven days per week. Detainees in the SMU for disciplinary reasons shall be offered at least one hour of recreation per day, outside their cells and scheduled at a reasonable time, at least five days per week. Where cover is not provided to mitigate inclement weather, detainees are provided weather-appropriate equipment and attire.	Meets Standard	Detainees in the SMU for administrative reasons are offered four hours of recreation, two in the morning and two in the afternoon, seven days per week scheduled at a reasonable time. Additionally, detainees in administrative segregation are offered an additional three hours per day in the dayroom. Detainees in disciplinary segregation are provided at least one hour of recreation per day five days a week. Weather appropriate attire is provided in inclement weather.
39. The recreation privilege is denied or suspended only if it would unreasonably endanger safety or security. When a detainee in an SMU is deprived of recreation (or any usual authorized items or activity), a report of the action is forwarded to the facility administrator.	Meets Standard	No ICE detainee confined to the SMU was denied recreation privileges during the previous twelve months. The chief of security stated that if a detainee is denied recreation privileges for any reason, a report of the action will be forwarded to the OIC.
40. The case of a detainee denied recreation privileges is reviewed as part of the regular reviews required for all detainees in SMU status. The reviewer documents whether the detainee continues to pose a threat to self, others, or facility security and, if so, why.	Meets Standard	
41. Denial of recreation privileges for more than 7 days requires the concurrence of the facility administrator and the health authority. The facility notifies ICE/ERO when a detainee is denied recreation privileges for more than 7 days.	Meets Standard	Policy states that denial of recreation privileges for more than seven days requires the concurrence of the OIC and a health care professional. The chief of security confirmed that the facility will notify ICE/ERO if a detainee is denied recreation privileges for more than seven days.

STANDARD 2.12. SPECIAL MANAGEMENT UNITS (Key: O)

This detention standard protects detainees, staff, contractors, volunteers, and the community from harm by segregating certain detainees from the general population in Special Management Units (SMUs) with an Administrative Segregation section for detainees segregated for administrative reasons and a Disciplinary Segregation section for detainees segregated for disciplinary reasons.

Components	Rating	Remarks (1000 Char Max)
<p>42. Ordinarily, detainees in Administrative Segregation have telephone access similar to detainees in the general population, in a manner consistent with the special security and safety requirements of an SMU.</p> <p>Detainees in Disciplinary Segregation may be restricted from using telephones to make general calls as part of the disciplinary process; however, ordinarily, they are permitted to make direct and/or free and legal calls as described in the Detention Standard on Telephone Access, except for compelling and documented reasons of safety, security, and good order.</p>	Meets Standard	Detainees in administrative segregation status retain all of their telephone call privileges. Detainees in disciplinary segregation status generally maintain all of their telephone call privileges unless a sanction is imposed as part of the disciplinary process. Detainees in disciplinary segregation may make direct and/or free legal calls as described in the Detention Standard on Telephone Access except for documented security and/or safety reasons.
43. After seven consecutive days in Administrative Segregation, the detainee may exercise the right to appeal to the facility administrator the conclusions and recommendations of any review conducted.	Meets Standard	
<p>44. If a detainee has been in Administrative Segregation for more than 30 days and objects to this status, the facility administrator reviews the case to determine whether that status should continue, taking into account the views of the detainee. A written record is made of the decision and the justification.</p> <p>A similar review is done every 30 days thereafter.</p>	Meets Standard	If a detainee objects to being held in administrative segregation after thirty days, policy requires the OIC to review the case and determine whether the status should continue. Policy requires a written record be made of this review and justification. A similar review is done every thirty days thereafter.
45. When a detainee has been held in Administrative Segregation for more than 30 days, the facility administrator notifies the Field Office Director.	Meets Standard	

STANDARD 2.12. SPECIAL MANAGEMENT UNITS – Reviewer Summary

(Use following format for dates: mm/dd/yyyy)

Overall Remarks: (Record significant facts, observations, other sources used, etc.) (5000 Character Max)

The evaluation of this standard was based on a review of facility policy, interviews with the chief of security and the lieutenant responsible for SMU, and a tour of the SMU. The unit and cells were clean, well maintained and adequately furnished. SMU logs were found to contain the required information and were current. All detainees housed in segregated housing receive a copy of the documentation placing them in segregation status. Subsequent reviews are conducted every seven days; however, the review does not include an interview with the detainee. Detainees in the SMU are visited on each shift by medical personnel and are interviewed face to face to ascertain their physical and mental health status. The SMU

STANDARD 2.12. SPECIAL MANAGEMENT UNITS – Reviewer Summary*(Use following format for dates: mm/dd/yyyy)*

provides a safe housing environment for detainees who cannot live in the general population or require segregated status for disciplinary reasons.

Several detainees in the administrative and disciplinary segregation units were interviewed and reported that staff were available and accessible to answer questions. The detainees reported no life safety issues or concerns and stated they had daily access to medical personnel. None of the detainees interviewed voiced any concerns relative to their care and treatment while being housed in the SMU.

To communicate information to a detainee in a language or manner the detainee can understand, written materials are translated into Spanish. Provisions for written translation are made for other significant segments of the population with limited English proficiency. Oral interpretation or assistance is provided to any detainee who speaks another language in which written material has not been translated or who is illiterate. Forms used in the SMU have been translated into Spanish and when necessary Spanish speaking employees are used as interpreters.

Overall Rating: Meets Standard

Reviewer Name (Printed) (b)(6);(b)(7)(C)

Completion Date: 10/6/2016

Reviewer Signature (for printed form submission):

STANDARD 2.13. STAFF-DETAINEE COMMUNICATION (Key: P)

This detention standard enhances security, safety, and orderly facility operations by encouraging and requiring informal direct and written contact among staff and detainees, as well as informal supervisory observation of living and working conditions.

This standard also requires the posting of hotline informational posters from the Department of Homeland Security (DHS) Office of the Inspector General (OIG).

Components	Rating	Remarks (1000 Char Max)
<p>1. PRIORITY: ICE/ERO detainees shall have frequent informal access to and interaction with key facility staff members, in a language they can understand.</p> <p>Facility staff shall conduct scheduled visits to address detainees' personal concerns and monitor living conditions.</p>	Meets Standard	ICE officers and facility staff visit the housing units no less than four times each week, as verified by weekly facility visiting liaison reports for the entire inspection period. Living conditions are monitored and detainee concerns are addressed as needed. A language line facilitates communication with LEP detainees when needed. Many staff are bilingual.
<p>2. The local supplement to the detainee handbook shall include contact information for the ICE/ERO Field Office and the scheduled hours and days that ICE/ERO staff is available to be contacted by detainees at the facility. The same information shall be posted in the living areas (or "pods") of the facilities. Posted contact information shall be updated quarterly or more frequently as necessary to reflect changes in ICE/ERO personnel.</p>	Meets Standard	The local handbook and postings in the housing units include the information required by this component.

STANDARD 2.13. STAFF-DETAINEE COMMUNICATION (Key: P)

This detention standard enhances security, safety, and orderly facility operations by encouraging and requiring informal direct and written contact among staff and detainees, as well as informal supervisory observation of living and working conditions.

This standard also requires the posting of hotline informational posters from the Department of Homeland Security (DHS) Office of the Inspector General (OIG).

Components	Rating	Remarks (1000 Char Max)
<p>3. PRIORITY: Detainees may submit written questions, requests, grievances or concerns to ICE/ERO staff, using the detainee request form, a local IGSA form, or a sheet of paper.</p> <p>Facilities must also allow any ICE/ERO detainee dissatisfied with the facility's response to file a grievance appeal and communicate directly with ICE/ERO.</p> <p>Each facility administrator shall:</p> <ul style="list-style-type: none"> • Ensure that adequate supplies of detainee request forms, envelopes, and writing implements are available. • Have written procedures to promptly route and deliver detainee requests to the appropriate ICE/ERO officials by authorized personnel (not detainees) without reading, altering, or delaying such requests. • Ensure that the standard operating procedures accommodate detainees with special assistance needs based on, for example, disability, illiteracy, or limited use of English. When language services are needed, the facility should use qualified interpretation services when an employee needs to communicate with a limited English proficient person. • Ensure that each facility provides a secure dropbox for ICE detainees to correspond directly with ICE management, and that only ICE personnel have access to the dropbox. 	Meets Standard	The requirements of this component are satisfied via policy and practice.
<p>4. In facilities with ICE/ERO on-site presence: The ICE/ERO staff member receiving the request shall normally respond in person or in writing as soon as possible and practicable, but no longer than within 3 business days of receipt.</p>	Meets Standard	On-site ICE officers ensure that request forms are responded to within three business days of receipt. ICE receives over one hundred detainee request forms weekly.
<p>5. In facilities without ICE/ERO on-site presence, each detainee request shall be forwarded to the ICE/ERO office of jurisdiction within two business days.</p>	N/A	ICE officers are onsite at this facility.

STANDARD 2.13. STAFF-DETAINEE COMMUNICATION (Key: P)

This detention standard enhances security, safety, and orderly facility operations by encouraging and requiring informal direct and written contact among staff and detainees, as well as informal supervisory observation of living and working conditions.

This standard also requires the posting of hotline informational posters from the Department of Homeland Security (DHS) Office of the Inspector General (OIG).

Components	Rating	Remarks (1000 Char Max)
<p>6. All requests to ICE/ERO staff shall be recorded in a logbook (or electronic logbook) specifically designed for that purpose. At a minimum, the log shall record:</p> <ul style="list-style-type: none"> • Date of receipt; • Detainee's name; • Detainee's A-number; • Detainee's nationality; • Name of the staff member who logged the request; • Date the request, with staff response and action, was returned to the detainee; • Any other pertinent site-specific information, including detention condition complaints; • Specific reasons why the detainee's request is urgent and requires a faster response; and • The date the request was forwarded to ICE/ERO and the date it was returned. 	Meets Standard	The detainee request form log includes the categories listed in this component.
<p>7. As required by the ICE/ERO Detention Standard on Detainee Handbook, each facility's handbook (or supplement) shall advise detainees of the procedures to submit written questions, requests, or concerns to ICE/ERO staff, as well as the availability of assistance to prepare such requests.</p>	Meets Standard	
<p>8. The facility administrator shall ensure that OIG Hotline posters are posted in every housing unit and in appropriate common areas (recreation areas, dining areas, processing areas, etc.).</p>	Meets Standard	

STANDARD 2.13. STAFF-DETAINEE COMMUNICATION – Reviewer Summary

(Use following format for dates: mm/dd/yyyy)

Overall Remarks: (Record significant facts, observations, other sources used, etc.) (5000 Character Max)

Detainees enjoy frequent access to ICE and facility employees through both formal and informal means. Of the hundreds of detainee request forms reviewed during the inspection, all of them were responded to within three business days, as required by the standard. This standard was evaluated via detainee interviews; a review of policy and the detainee handbook; inspection of facility visiting liaison reports, request forms, and request form logs; and tours of the detainee living areas.

Overall Rating: Meets Standard

Reviewer Name (Printed): (b)(6),(b)(7)(C)

Completion Date: 10/6/2016

Reviewer Signature (for printed form submission):

STANDARD 2.14. TOOL CONTROL (Key: Q)

This detention standard protects detainees, staff, contractors, and volunteers from harm and contributes to orderly facility operations by maintaining control of tools, culinary utensils, and medical and dental instruments, equipment, and supplies.

Components	Rating	Remarks (1000 Char Max)
1. The use of tools, keys, medical equipment and culinary equipment is controlled.	Meets Standard	Tool control procedures and practices were reviewed throughout the facility and the use of all tools, keys, medical equipment and culinary equipment were found to be appropriately controlled.
2. PRIORITY: There is an individual who is responsible for developing a tool control procedure and an inspection system to insure accountability.	Meets Standard	The maintenance supervisor is responsible for overall tool control procedures and the inspection system to insure accountability. A maintenance department employee has the collateral duties of tool control officer.
3. PRIORITY: Each facility administrator shall develop and implement a written tool control and storage system to include a tool classification system, and there are policies and procedures in place to ensure that all tools are properly marked and readily identifiable.	Meets Standard	The written tool control and storage system includes a tool classification system. The practice is for all issued tools to be treated as restricted. A review of documentation verified there are policies and procedures in place to ensure that all tools are properly marked and readily identifiable. Tool storage areas in the maintenance shop, the kitchen, the medical department and the key and lock shop were inspected and tools were found to be marked and readily identifiable.
4. The facility has developed and implemented a tool classification system.	Meets Standard	
5. Tool inventories are required for: <ul style="list-style-type: none"> • Facility Maintenance Department • Medical Department • Food Service Department • Electronics Shop • Recreation Department • Armory 	Meets Standard	There are no tools used in the recreation department and there is no electronics shop. All other departments listed in this component are required to have tool inventories. Tool inventories were inspected at various locations and found to be current and accurate and showed that inventories were being conducted per policy.

STANDARD 2.14. TOOL CONTROL (Key: Q)

This detention standard protects detainees, staff, contractors, and volunteers from harm and contributes to orderly facility operations by maintaining control of tools, culinary utensils, and medical and dental instruments, equipment, and supplies.

Components	Rating	Remarks (1000 Char Max)
6. (SPCs/CDFs) <i>The new tools shall be issued only after the Tool Control Officer has marked and inventoried them. Inventories that include any portable power tools shall provide brand name, model, size, description, and inventory control/AMIS number.</i>	Meets Standard	At this DIGSA, no tool is issued until it has been marked and added to the appropriate inventory. Portable power tools are inventoried using the brand name, model, name, size, description and control number.
7. The facility administrator shall schedule, and establish procedures for, the quarterly inventorying of all tools.	Meets Standard	Documentation confirmed adherence to the requirements of this component.
8. (SPCs/CDFs) <i>Tool inventories shall be numbered and posted conspicuously on all corresponding shadow boards, toolboxes, and tool kits. While all posted inventories must be accurate, only the Master Tool Inventory Sheet in the office of the chief of security requires the certifiers' signatures.</i>	N/A	Tool inventories at this DIGSA were not numbered but were posted conspicuously on the corresponding shadow boards. Toolboxes used to bring tools into the facility were inspected in the maintenance area and inside the facility and were found to have the required tool inventory sheets. Policy requires that inventories be maintained for all tool boxes and kits. The master tool inventory maintained in the chief of security office requires the certifiers' signatures.
9. The facility administrator shall develop and implement procedures governing lost tools.	Meets Standard	
10. (SPCs/CDFs) <i>When a restricted or non-restricted tool is missing or lost, staff shall notify the chief of security in writing as soon as possible.</i> <i>When the tool is a restricted (Class "R") tool, staff shall inform the shift supervisor orally immediately upon discovering the loss. Any detainee(s) who may have had access to the tool shall be held at the work location pending completion of a thorough search.</i> <i>The facility administrator shall implement quarterly evaluations of lost/missing tool files.</i>	Meets Standard	At this DIGSA, policy requires that any lost restricted or non-restricted tool be reported as soon as possible to the chief of security. If a restricted tool is lost staff is required to inform the shift supervisor orally and in writing. Detainees are not authorized access to any tools. However, any detainee who may have had access to the tool will be held at the work location pending completion of the search. The OIC has implemented quarterly evaluations of lost/missing tool files.

Performance-Based National Detention Standards 2011 Inspection Worksheet for Over 72 Hour Facilities

STANDARD 2.14. TOOL CONTROL (Key: Q)

This detention standard protects detainees, staff, contractors, and volunteers from harm and contributes to orderly facility operations by maintaining control of tools, culinary utensils, and medical and dental instruments, equipment, and supplies.

Components	Rating	Remarks (1000 Char Max)
11. All visitors, including repair and maintenance workers who are not ICE/ERO or facility employees, shall submit to an inspection and inventory of all tools, tool boxes, and equipment that could be used as weapons before entering and leaving the facility. The contractor shall maintain a copy of the tool inventory with them while inside the facility.	Meets Standard	All visitors and vendors/repair workers must submit to an inspection and inventory of all tools and equipment before entering and leaving the facility. The contractor must maintain a copy of the tool inventory with them while inside the facility.

STANDARD 2.14. TOOL CONTROL – Reviewer Summary

(Use following format for dates: mm/dd/yyyy)

Overall Remarks: *(Record significant facts, observations, other sources used, etc.) (5000 Character Max)*

The evaluation of this standard was based on review of policies, interviews with the chief of security and the maintenance tool control officer and physical inspection of locations storing tools. The maintenance supervisor is responsible for overall tool control responsibilities and is assisted by a tool control officer. Reviews of tool control practice and inventories and accountability systems throughout the facility found that procedures were being followed. Tools used in the maintenance department, armory, food service and the medical /dental departments were accurately inventoried and stored in a secure manner. All tools are required to be marked and each tool must appear on an inventory which security officers check when entering and leaving the secure portion of the facility.

Staff remove restricted tools from work areas at the end of each workday for safekeeping in a secure tool room in the maintenance area. The tool control officer reported that acetylene is not stored or used inside the secure perimeter.

Employees do not open sterile packs for inventory or any other non-medical reason, except when tampering or theft is suspected, in which case staff shall contact the health services department before opening a pack from which instruments may have been removed. Individual toolboxes containing tools used on a daily basis are required to be secured with hasp and padlock. The individual responsible for the toolbox shall keep an inventory sheet in the toolbox, and the maintenance supervisor maintains copies of all such inventory sheets. Any tool permanently removed from service must be turned in to the maintenance supervisor for record keeping and safe disposal; as required by policy.

Tools purchased or acquired from surplus property are stored in the tool control officer's office. The maintenance supervisor and tool control officer maintain a continual inventory of unmarked or excess tools returned to secure storage for issue or reissue. The maintenance supervisor and tool control officer have sole authority to draw tools from this source. The maintenance supervisor reported that all tools kept in the tool control officer's storage area are registered in a continual inventory. A metal chit system is used for all tools issued, and when a tool is issued from a shadow board, the chit is clearly visible on the shadow board.

The maintenance supervisor has established site-specific procedures for the control of ladders, extension cords, ropes and hoses, according to the following procedures: All ladders, extension cords, ropes and hoses over three feet long are classified as restricted tools and are stored in the maintenance area tool room. Every maintenance employee supervising the use of extension ladders and/or heavy equipment has at his/her disposal a portable two-way radio. When a medical department tool or equipment item is missing or lost employees immediately inform the HSA, who will make the immediate verbal notification to the chief of security or shift supervisor and written notification to the OIC.

Overall Rating: Meets Standard

Reviewer Name (Printed):

(b)(6);(b)(7)(C)

Completion Date: 10/6/2016

STANDARD 2.14. TOOL CONTROL – Reviewer Summary

(Use following format for dates: mm/dd/yyyy)

Reviewer Signature (for printed form submission):

STANDARD 2.15. USE OF FORCE AND RESTRAINTS (Key: R)

This detention standard authorizes staff to use necessary and reasonable force after all reasonable efforts to otherwise resolve a situation have failed, for protection of all persons; to minimize injury to self, detainees, staff and others; to prevent escape or serious property damage; or to maintain the security and orderly operation of the facility. Staff should use only the degree of force necessary to gain control of detainees and, under specified conditions, may use physical restraints to gain control of a dangerous detainee.

Components	Rating	Remarks (1000 Char Max)
1. PRIORITY: Staff use physical force only as a last resort after all reasonable efforts to otherwise resolve a situation have failed, and use only the degree of force necessary to gain control of the situation, employing confrontation avoidance techniques and the use-of-force continuum.	Meets Standard	Policy and training require that officers use physical force only as a last resort and after all reasonable efforts to resolve a situation have failed and use only the degree of force necessary to gain control of the situation, employing confrontation avoidance techniques and the use-of-force continuum.
2. Staff: <ul style="list-style-type: none"> Does not use force as punishment. Attempts to gain the detainee's voluntary cooperation before resorting to force. Uses only as much force as necessary to control the detainee. Uses restraints only when other non-confrontational means, including verbal persuasion, have failed or are impractical. 	Meets Standard	The use-of-force policy addresses each of the requirements of this component.
3. PRIORITY: All officers receive training in self-defense, confrontation avoidance techniques and the use of force to control detainees. Specialized training is given to officers ensuring they are certified in all devices including chemical agents, approved for use.	Meets Standard	All officers receive training in self-defense, confrontation avoidance techniques and the use of force to control detainees. Officers receive specialized training to ensure they are certified in all devices including chemical agents approved for use. Only officers who have received specialized training are authorized to possess and/or use chemical agents.
4. PRIORITY: Staff will consult with medical staff prior to a calculated use of force regarding the following: <ul style="list-style-type: none"> Use of pepper spray/non-lethal weapons. Pregnant detainees or detainees in post-delivery recuperation. Detainees with wounds or cuts. Detainees with special medical or mental health needs. 	Meets Standard	Policy addresses each of the requirements of this component.

STANDARD 2.15. USE OF FORCE AND RESTRAINTS (Key: R)

This detention standard authorizes staff to use necessary and reasonable force after all reasonable efforts to otherwise resolve a situation have failed, for protection of all persons; to minimize injury to self, detainees, staff and others; to prevent escape or serious property damage; or to maintain the security and orderly operation of the facility. Staff should use only the degree of force necessary to gain control of detainees and, under specified conditions, may use physical restraints to gain control of a dangerous detainee.

Components	Rating	Remarks (1000 Char Max)
5. Special precautions are taken when restraining pregnant detainees, consistent with the Detention Standard on Medical Care (Women). Medical personnel are consulted.	Meets Standard	Pregnant detainees are not routinely housed at the facility; however, the provisions of this component are addressed in policy.
6. Intermediate force weapons, when not in use, are stored in areas where access is limited to authorized personnel and to which detainees have no access.	Meets Standard	
7. When the detainee is in isolated location where there is no immediate threat to the detainee or others (e.g., a locked cell, a range), staff must try to resolve the situation without resorting to force.	Meets Standard	
8. The facility subscribes to the prescribed confrontation avoidance procedures. The ranking detention official, health professionals, and others confer before every calculated use of force.	Meets Standard	The facility adheres to prescribed confrontation avoidance procedures. Before authorizing a calculated use of force, the ranking detention official, a designated health professional and others as appropriate are required to assess the situation.
9. When a detainee must be forcibly moved and/or restrained and there is time for a calculated use of force, staff use the use of force team technique.	Meets Standard	
10. Staff members are trained in the performance of the use-of-force team technique.	Meets Standard	

STANDARD 2.15. USE OF FORCE AND RESTRAINTS (Key: R)

This detention standard authorizes staff to use necessary and reasonable force after all reasonable efforts to otherwise resolve a situation have failed, for protection of all persons; to minimize injury to self, detainees, staff and others; to prevent escape or serious property damage; or to maintain the security and orderly operation of the facility. Staff should use only the degree of force necessary to gain control of detainees and, under specified conditions, may use physical restraints to gain control of a dangerous detainee.

Components	Rating	Remarks (1000 Char Max)
<p>11. PRIORITY: All use of force incidents are documented and reviewed. Staff prepare a use of force form that identifies the detainee(s), staff, and others involved, describes the incident, and documents the location of strikes if intermediate force weapons are used.</p> <p>All calculated use of force incidents are properly audio-visually documented and forwarded for review. Use of Force documentation at a minimum, shall include the medical examination through the conclusion of the incident. All calculated uses of force incidents must be audio-visually recorded in its entirety from the beginning of the incident to its conclusion.</p>	Meets Standard	<p>All use of force incidents are documented and reviewed. Employees are required to prepare a use of force report that includes all of the requirements of this component. The use of force team technique is used for any calculated use of force. All calculated uses of force are audio-visually recorded. There was one calculated use of force during the previous twelve months. The use of force team technique was used and the use of force was captured on audio-visual recording from the beginning of the use of force until the conclusion of the incident, to include the medical exam. There were no injuries to the detainee or employees. The OIC, the assistant OIC, the chief of security, the health services administrator and the FOD's designee conducted the after-action review. All actions were determined to meet the requirements of the standard and policy.</p>
12. Staff shall store and maintain audio-visual recording equipment under the same conditions as "restricted" tools.	Meets Standard	

STANDARD 2.15. USE OF FORCE AND RESTRAINTS (Key: R)

This detention standard authorizes staff to use necessary and reasonable force after all reasonable efforts to otherwise resolve a situation have failed, for protection of all persons; to minimize injury to self, detainees, staff and others; to prevent escape or serious property damage; or to maintain the security and orderly operation of the facility. Staff should use only the degree of force necessary to gain control of detainees and, under specified conditions, may use physical restraints to gain control of a dangerous detainee.

Components	Rating	Remarks (1000 Char Max)
<p>13. Standard procedures associated with using four/five point restraints include:</p> <ul style="list-style-type: none"> • Soft (nylon/leather) restraints. • Dressing the detainee appropriately for the temperature. • A bed, mattress, and blanket/sheet. • Checking the detainee at least every 15 minutes. • Logging each check. • Repositioning detainee often enough to prevent soreness or stiffness. • Medical evaluation of the restrained detainee twice per eight-hour shift. <p>When qualified medical staff are not immediately available, staff position the detainee "face-up."</p>	Meets Standard	Although the OIC does not authorize the use of four or five point restraints, written policy addresses each of the elements of this component.
14. In immediate use of force situations, officers contact medical staff once the detainee is under control.	Meets Standard	
15. The shift supervisor monitors the detainee's position/condition every two hours. He/she allows the detainee to use the restroom at these times under safeguards.	Meets Standard	Although the OIC does not authorize the use of four or five point restraints, written policy addresses each of the elements of this component.
16. All detainee checks are logged.	Meets Standard	
17. When any detainee is restrained for more than eight hours, the facility administrator shall telephonically notify the Assistant Field Office Director and provide updates every eight hours until the restraints are removed.	Meets Standard	Policy addresses the requirements of this component. No detainee has been restrained for more than eight hours during the previous twelve months.
18. It is standard practice to review any use of force and the non-routine application of restraints.	Meets Standard	All use of force incidents and non-routine applications of restraints are documented and reviewed.

STANDARD 2.15. USE OF FORCE AND RESTRAINTS – Reviewer Summary

(Use following format for dates: mm/dd/yyyy)

Overall Remarks: (Record significant facts, observations, other sources used, etc.) (5000 Character Max)

The evaluation of this standard was based on review of policy, interviews with the chief of security and a review of use of force documentation. This review indicated that force is used only after all other reasonable means to resolve the situation have failed. Policy asserts that only the minimum force needed to control the situation will be used. The use of Tasers is not permitted and there are no Tasers at the facility. The only chemical agent approved for use is oleoresin capicum/pepper spray (OC). The facility does not have a canine unit. In the event that canines are used for drug and/or contraband detection, policy states that the canines will not be used in the presence of detainees. Canines have not been used during the previous

STANDARD 2.15. USE OF FORCE AND RESTRAINTS – Reviewer Summary*(Use following format for dates: mm/dd/yyyy)*

twelve months.

In the past twelve months there have been a total of seventeen use of force incidents; sixteen immediate uses of force and one calculated. The entire video and all documentation for the calculated use of force incident were reviewed. The detainee refused to come out of his cell when ordered to do so. The medical department was contacted and a use of force team was assembled. A health care professional was present during the use of force. The team technique was employed and the detainee was restrained and escorted to the medical department for examination. The entire use of force incident was captured on audio-visual recording from the beginning of the incident until the conclusion, to include the medical exam. No injuries were sustained by employees or the detainee. Of the sixteen immediate use of force incidents, six involved the use of OC in order to either stop detainees from fighting after orders to stop fighting were ignored or due to a detainee acting aggressively in an unsecured location refusing to obey orders to be restrained. Subsequent to the deployment of OC, officers used minimal force to gain compliance and restrain the detainees. Ten immediate uses of force involved the non-routine application of restraints due to detainees failing to obey an order from an officer or supervisor. No detainee injuries occurred in any of the immediate uses of force; one employee claimed to have sustained a knee injury during one of the incidents. An after action review was conducted for all of the uses of force. In each case the after action review concluded that the amount of force used was justified and that the employees conducted themselves in accordance with policy and the requirements of the standard. In every case medical care was prompt and appropriate.

The following acts and techniques are specifically prohibited: choke holds, carotid control holds and other neck restraints. Batons are not used.

The facility maintains a written record of routine and emergency distribution of security equipment and assigns the armory sergeant the responsibility for inventorying chemical agents and related security equipment at least monthly to determine their condition and expiration dates. Only devices authorized by ICE are approved for use.

Policy requires a supervisor to inspect areas of blood or other body-fluid spillage after a use-of-force incident. Unless the supervisor determines that the spillage must be preserved as evidence, trained employees immediately sanitize those areas, based on medical department guidance on appropriate cleaning solutions and their use.

Audio-visual equipment is kept in the master control center and in the SMU office. The captain is responsible for maintaining the video cameras and other audiovisual equipment. Documentation confirmed that the equipment is regularly tested to ensure all parts, including batteries, are in working order, and keeping back-up supplies on hand.

Each audio-visual record is catalogued and preserved until no longer needed, but is kept no less than thirty months after its last documented use. In the event of litigation, the facility retains the relevant audio-visual record for a minimum of one year after litigation or any investigation has concluded or been resolved.

The restraint equipment used by the facility is in compliance with the ICE/ERO approved list.

The OIC, the assistant OIC, chief of security, health services administrator and the FOD's designee conduct the after-action reviews. This after-action review team convenes on the workday after the incident. The review team gathers relevant information, determines whether policy and procedures were followed, make recommendations for improvement, if any, and complete an after-action report to record the nature of its review and findings. The after-action report is due within two workdays of the conclusion of a use of force incident. The review team's investigative report is forwarded to the FOD for review.

Overall Rating: Meets Standard

Reviewer Name (Print) (b)(6),(b)(7)(C)

Completion Date: 10/6/2016

Reviewer Signature (for printed form submission):

Section III: ORDER

Disciplinary System

STANDARD 3.1. DISCIPLINARY SYSTEM (Key: S)

This detention standard promotes a safe and orderly living environment for detainees by establishing a fair and equitable disciplinary system, requiring detainees to comply with facility rules and regulations, and imposing disciplinary sanctions to those who do not comply.

Components	Rating	Remarks (1000 Char Max)
1. PRIORITY: The facility has a written disciplinary system using progressive levels of reviews and appeals. Written disciplinary policy and procedures shall clearly define detainee rights and responsibilities. The policy, procedures and rules shall be reviewed at least annually.	Meets Standard	There is a written disciplinary policy which uses progressive levels of reviews and appeals. The policy clearly defines detainee rights and responsibilities. The policy, procedures and rules are reviewed annually by the OIC.
2. Detainees will receive translation or interpretation services throughout the investigative, disciplinary, and appeal process, including accommodation for the hearing impaired. The facility shall not hold a detainee accountable for his or her conduct if a medical authority finds him or her mentally incompetent.	Meets Standard	Detainees are afforded translation or interpretation services through the entire disciplinary and appeal process, including accommodation for the hearing impaired. Detainees are not held accountable for their conduct if a medical authority finds them mentally incompetent.
3. PRIORITY: Time in disciplinary segregation or withholding of privileges imposed for disciplinary violations do not generally exceed 30 days per violation, except in extraordinary circumstances. Staff do not impose or allow imposition of the following sanctions: corporal punishment; deprivation of food services (to include use of Nutraloaf or "food loaf"); deprivation of clothing, bedding, or items of personal hygiene; deprivation of correspondence privileges; deprivation of legal access and legal materials; or deprivation of indoor or outdoor recreation, unless such activity creates a documented unsafe condition.	Meets Standard	Although the policy indicates that time in disciplinary segregation or the withholding of privileges imposed for disciplinary violations will not generally exceed sixty days per violation, the practice is that these sanctions will not exceed thirty days per violation. The OIC changed the written policy to conform with the practice and the standard during the inspection.
4. A detainee shall be removed from segregation if a health care professional concludes that continued segregation is detrimental to the detainee's medical or mental health.	Meets Standard	
5. PRIORITY: The facility supplemental handbook issued to each detainee upon admittance shall provide notice of the facility's rules of conduct and prohibited acts, the sanctions imposed for violations of the rules, the disciplinary severity scale, the disciplinary process and the procedure for appealing disciplinary findings.	Meets Standard	Rules of conduct, prohibited acts, sanctions, the disciplinary severity scale and procedures for violations are addressed in the facility handbook which is issued to all detainees during the intake process. The handbook is available in English and Spanish.

STANDARD 3.1. DISCIPLINARY SYSTEM (Key: S)

This detention standard promotes a safe and orderly living environment for detainees by establishing a fair and equitable disciplinary system, requiring detainees to comply with facility rules and regulations, and imposing disciplinary sanctions to those who do not comply.

Components	Rating	Remarks (1000 Char Max)
6. Copies of the rules of conduct, rights, and disciplinary sanctions shall be provided to all detainees and posted in English, Spanish, and/or other languages spoken by significant numbers of detainees, as follows: <ul style="list-style-type: none"> Disciplinary Severity Scale Prohibited Acts Sanctions 	Meets Standard	Rules of conduct, rights and sanctions are contained in the facility handbook, communicated to all detainees in an orientation video and posted in English and Spanish in the detainee living units.
7. All facilities shall have graduated scales of offenses and disciplinary consequences as provided in this section.	Meets Standard	The disciplinary process includes graduated scales of offenses and disciplinary consequences.
8. PRIORITY: Incident reports are investigated within 24 hours of the incident by an officer who had no involvement in the incident. Low or moderate infractions are adjudicated by a Unit Disciplinary Committee (UDC). Unresolved cases and cases involving serious charges are forwarded by the UDC to the Institution Disciplinary Panel (IDP) for adjudication.	Meets Standard	Policy requires that incident reports are investigated within 24 hours of the incident by an officer who had no involvement in the incident. Low or moderate infractions are adjudicated by the unit disciplinary committee and unresolved cases or cases involving serious charges are forwarded to the institutional disciplinary panel for adjudication.
9. The detainee is advised in writing of his/her right, if applicable, to an initial hearing before the Unit Disciplinary Committee (UDC) within 24 hours of his/her notification of charges. The detainee is provided a copy of the Incident Report and notice of charges at least 24 hours before the start of any disciplinary proceedings.	Meets Standard	
10. The investigating officer advises the detainee of his/her right to remain silent at every stage of the disciplinary process, and ensures that he/she has a complete listing of detainee rights.	Meets Standard	Policy addresses the requirements of this component. Additionally, the disciplinary hearing officer and a review of the documentation confirmed that the detainee is advised of each of the requirements of this component.

STANDARD 3.1. DISCIPLINARY SYSTEM (Key: S)

This detention standard promotes a safe and orderly living environment for detainees by establishing a fair and equitable disciplinary system, requiring detainees to comply with facility rules and regulations, and imposing disciplinary sanctions to those who do not comply.

Components	Rating	Remarks (1000 Char Max)
11. PRIORITY: A staff representative is made available upon request for all detainees facing an IDP disciplinary hearing. Detainees also have the option of receiving assistance from another detainee of their selection rather than a staff representative, subject to approval from the facility administrator.	Meets Standard	A staff representative is made available upon request to detainees facing a disciplinary hearing. Detainees have the option of receiving assistance from another detainee of their selection rather than a staff representative, subject to approval from the OIC.
12. A staff representative is automatically provided for detainees who are illiterate, limited-English proficient, or without means of collecting and presenting essential evidence.	Meets Standard	
13. The facility permits hearing postponements or continuances when conditions warrant such a continuance. Reasons are documented.	Meets Standard	
14. Written procedures govern the handling of confidential-source information. Procedures include criteria for recognizing "substantial evidence."	Meets Standard	Per policy, confidential informants are not used. Procedures include the criteria for substantial evidence.
15. All forms relevant to the incident, investigation, committee/panel reports, etc., are completed and distributed as required.	Meets Standard	Per policy and procedure, all forms relevant to the incident, investigation committee/panel reports, etc., are completed and distributed as required. The disciplinary hearing officer confirmed that practice is consistent with policy. A random selection of completed disciplinary forms and reports were reviewed.

STANDARD 3.1. DISCIPLINARY SYSTEM – Reviewer Summary

(Use following format for dates: mm/dd/yyyy)

Overall Remarks: (Record significant facts, observations, other sources used, etc.) (5000 Character Max)

The evaluation of this standard was based on a review of policy, interviews with the chief of security and the lieutenant responsible for IDP hearings and review of completed disciplinary reports. This facility has a comprehensive disciplinary process which affords detainees their due process rights and levels of appeals. The local handbook provides detainees a comprehensive overview of the disciplinary process. Review of multiple rule infraction reports confirmed the violations were adjudicated in accordance with policy and in a manner which protected the detainee's due process rights.

The actions of the IDP are reviewed by the OIC, who may concur with the findings and sanctions or modify them. If any employee at any stage of the disciplinary process has reason to believe that the detainee is mentally ill or mentally incompetent, the facility will provide for an assessment by qualified medical personnel. Policy requires that disciplinary action is not capricious or retaliatory.

STANDARD 3.1. DISCIPLINARY SYSTEM – Reviewer Summary*(Use following format for dates: mm/dd/yyyy)*

If the disciplinary incident is under investigation on different grounds, the investigating officer will terminate the administrative investigation until the agency with primary jurisdiction concludes its investigation or indicates it shall not pursue the matter. A shift supervisor is the investigating officer that conducts the investigation. The shift supervisor reviews his/her report(s) for accuracy and completeness and signs them. Time served in segregation pending the outcome of the proceedings can be credited to the number of days spent in the segregation unit after an adverse decision is adjudicated.

The disciplinary report and accompanying documents are not placed in the file of a detainee who is found not guilty.

Overall Rating: Meets Standard

Reviewer Name (Printed): (b)(6)(b)(7)(C)

Completion Date: 10/6/2016

Reviewer Signature (for printed form submission):

Section IV: CARE

**Food Service
Hunger Strikes
Medical Care
Medical Care (Women)
Personal Hygiene
Suicide Prevention and Intervention
Terminal Illness, Advance Directives, and Death**

STANDARD 4.1. FOOD SERVICE (Key: T)

This detention standard ensures that detainees are provided a nutritionally balanced diet that is prepared and presented in a sanitary and hygienic food service operation.

Components	Rating	Remarks (1000 Char Max)
<p>1. PRIORITY: The food service program shall be under the direct supervision of an experienced food service administrator (FSA) who is responsible for:</p> <ul style="list-style-type: none"> Planning, controlling, directing, managing, and evaluating food service; Managing budget resources; Establishing standards of sanitation, safety and security; Developing nutritionally adequate menus and evaluating detainee acceptance of them; Developing specifications for the procurement of food, equipment, and supplies; and Establishing a training program that ensures operational efficiency and a high quality food service program. 	Meets Standard	The food service department is under the supervision of a professionally trained food service administrator (FSA) who is ServSafe certified with 26 years of experience in food service. The FSA is responsible for all aspects of the food service program, including each of the elements listed in this component.
<p>2. The knife cabinet must be equipped with an approved locking device. Knives must be physically secured to workstations for use outside a secure cutting room. Any detainee using a knife outside a secure area must receive direct staff supervision.</p>	Meets Standard	The food service department does not have a secure cutting room and does not utilize knives. Items such as dough cutters, spoons, ladles and spatulas are secured in a room controlled by food service personnel. When utilized, dough cutters are tethered and secured to the work station and are under staff supervision.
<p>3. Special procedures govern the handling of food items that pose a security threat.</p>	Meets Standard	
<p>4. The FSA annually reviews detainee-volunteer job descriptions to ensure they are accurate and up-to-date.</p>	Meets Standard	
<p>5. During orientation and training session(s), the cook supervisor or equivalent explains and demonstrates:</p> <ul style="list-style-type: none"> Safe work practices and methods. Safety features of individual products/ pieces of equipment. Training covers the safe handling of hazardous material[s] the detainee are likely to encounter in their work. 	Meets Standard	The FSA and kitchen supervisor (KS) trains all detainee workers in each of the items listed in this component. The training is documented and maintained in the detainee's kitchen work file.
<p>6. The cook supervisor documents all training.</p>	Meets Standard	The FSA documents all food service training. This documentation is maintained in the FSA's office.

STANDARD 4.1. FOOD SERVICE (Key: T)

This detention standard ensures that detainees are provided a nutritionally balanced diet that is prepared and presented in a sanitary and hygienic food service operation.

Components	Rating	Remarks (1000 Char Max)
7. Detainees assigned to the food service department shall have a neat and clean appearance.	Meets Standard	
8. Detainees are served three meals every day, at least two of which are hot meals. No more than 14 hours elapse between the last meal served and the first meal of the following day.	Meets Standard	Per policy, at least three meals including two hot meals are provided at regular meal times during each 24-hour period, with no more than fourteen hours between the evening meal and breakfast.
9. Meals shall always be prepared, delivered, and served under staff supervision.	Meets Standard	
10. PRIORITY: Before and during the display, service and transportation of food, sanitary guidelines are observed, with hot foods maintained at a temperature of at least 140 F degrees (120 degrees in food trays) and foods that require refrigeration maintained at 41 F degrees or below.	Meets Standard	Observation of food preparation, serving and the transportation of food indicated proper sanitary guidelines are followed. Food temperatures observed during the inspection were maintained within the prescribed safe range.
11. Servers must wear food grade plastic gloves and hair nets whenever there is direct contact with a food or beverage. Serving food without use of utensils is strictly prohibited.	Meets Standard	Servers dress in accordance with the food service standard. Servers don food-grade plastic gloves and hair nets when serving, and serve the food using utensils.
12. Utensils shall be sanitized as often as necessary to prevent cross-contamination and other food-handling hazards during food preparation and service.	Meets Standard	
13. If the facility does not have enough equipment to maintain the minimum or maximum temperature required for food safety, the affected items (for example, salad bar staples such as lettuce, meat, eggs, cheese) must be removed and discarded after two hours at room temperature.	N/A	The facility has sufficient food service equipment to maintain food products at required minimum and maximum temperatures throughout the feeding process.
14. Food shall be delivered from one place to another in covered containers.	Meets Standard	Satellite meals are delivered to the following areas of the facility: the special management unit, medical, intake and the court room. The meals are placed in thermo-covered trays, placed on cart and escorted by kitchen staff to the above areas. General population detainees are escorted to one of the four dining halls for cafeteria style feeding.

STANDARD 4.1. FOOD SERVICE (Key: T)

This detention standard ensures that detainees are provided a nutritionally balanced diet that is prepared and presented in a sanitary and hygienic food service operation.

Components	Rating	Remarks (1000 Char Max)
15. If food carts are delivered to housing units by detainees, they must be locked unless they are under constant supervision of staff. All food safety procedures (sanitation, safe-handling, storage, etc.) apply without exception to food in transit.	Meets Standard	Satellite meals are delivered to the following areas of the facility: The SMU, medical unit, intake and court rooms. All food safety procedures apply to foods delivered to the above areas. The meals are placed in thermo-covered trays, placed on carts and escorted by kitchen staff to the above areas. General population detainees receive their meals in the dining hall.
16. PRIORITY: A registered dietitian shall conduct a complete nutritional analysis that meets U.S. Recommended Daily Allowances (RDA), at least annually, of every master-cycle menu planned by the FSA. The dietitian must certify menus before they are incorporated into the food service program.	Meets Standard	All menus have been certified to meet the U.S. Recommended Daily Allowances (RDA). All menus are reviewed and certified annually by a registered dietitian. Any revisions to the menus require re-certification by the dietitian. The last analysis was completed on 06/14/2016.
17. The CS or equivalent ensures that items on the master-cycle menu are prepared and presented according to approved recipes.	Meets Standard	
18. The CS or equivalent has the authority to change menu items if necessary, documenting each substitution, along with its justification, with a copy to the FSA. Menu substitutions will be in accordance with dietician approved substitution guidelines.	Meets Standard	Menu items may be changed by FSA and the KS when necessary. The change and justification are documented and a copy forwarded to the FSA and OIC. All substitutions are in accordance with dietician-approved substitution guidelines.
19. Food service staff and detainee workers involved in cooking shall ensure that potentially hazardous foods are cooked at the required safe temperatures, as listed in the Detention Standard on Food service.	Meets Standard	
20. Facilities are required to provide detainees requesting a religious diet a reasonable and equitable opportunity to observe their religious dietary practice by offering a Common Fare Menu. Detainees whose religious beliefs require the adherence to particular religious dietary laws are referred to the Chaplain or FSA.	Meets Standard	A common fare program is offered to accommodate detainee religious dietary needs. Detainees requesting to participate in the common fare program are referred to the chaplain for approval. During this inspection five detainees were participating in the program.

STANDARD 4.1. FOOD SERVICE (Key: T)

This detention standard ensures that detainees are provided a nutritionally balanced diet that is prepared and presented in a sanitary and hygienic food service operation.

Components	Rating	Remarks (1000 Char Max)
21. (SPCs/CDFs) Once a religious diet has been approved, the FSA shall issue, in duplicate, a special-diet identification card.	Meets Standard	This DIGSA facility does not issue special diet identification cards. The requirements of this component are accomplished via individual I.D. wristbands which are checked against the religious diet list maintained by the FSA.
22. The common fare menu shall be based on a 14 day cycle. The menus must be certified as exceeding minimum daily nutritional requirements. Hot entrees shall be offered daily.	Meets Standard	The common fare menu is based on a 21-day cycle menu. The common fare menu offers hot entrees daily and is certified by a registered dietitian as exceeding minimum daily nutritional requirements.
23. The chaplain, in consultation with local religious leaders if necessary, shall develop the ceremonial meal schedule for the following calendar year and provide it to the facility administrator.	Meets Standard	The chaplain has developed the ceremonial meal schedule for the present calendar. The schedule has been forwarded to the FSA and the OIC.
24. The Common Fare Program shall accommodate detainees abstaining from particular foods or fasting for religious purposes at prescribed times of the year, such as Ramadan, Passover, and Lent.	Meets Standard	
25. Detainees with certain conditions – chronic or temporary; medical, dental, and/or psychological – shall be prescribed special diets as appropriate.	Meets Standard	The food service program addresses medical diets. The medical department provides an approved list of all detainees receiving medical diets. During the inspection, fifteen detainees were receiving medical diets.
26. The sanitary standards, including proper temperature maintenance, are required in the food service department also apply to satellite meals, from preparation to actual delivery.	Meets Standard	
27. Food for satellite meals must be prepared and held at the proper temperatures until served. Satellite tray meals must be delivered and served within two hours of food being plated.	Meets Standard	Temperatures of plated foods were checked during the lunch meals during this inspection and found to be in compliance with applicable standards. Satellite trays are prepared, delivered and served within a two-hour time frame.
28. In segregation units, food rations shall not be reduced or changed or otherwise used as a disciplinary tool.	Meets Standard	Food is not used as a disciplinary tool at the facility.

STANDARD 4.1. FOOD SERVICE (Key: T)

This detention standard ensures that detainees are provided a nutritionally balanced diet that is prepared and presented in a sanitary and hygienic food service operation.

Components	Rating	Remarks (1000 Char Max)
<p>29. Sack meals shall be provided for detainees being transported from the facility, and detainees arriving or departing between scheduled meal hours, and detainees in the SMU, as provided in the standard.</p> <p>Sack meals shall be of the same nutritional quality as other meals prepared by the food service.</p>	Meets Standard	Sack meals prepared by food service employees are provided for detainees being transported to and from the facility or the SMU when requested. The sack meals are of the same nutritional quality as other meals prepared by food service.
<p>30. The food service staff instruct detainee volunteers on:</p> <ul style="list-style-type: none"> • Personal cleanliness and hygiene; • Sanitary techniques for preparing, storing, and serving food, and; • The sanitary operation, care, and maintenance of equipment. 	Meets Standard	Each item in this component is covered during the orientation and training sessions provided to the detainee workers by food service personnel.
<p>31. All food service personnel, including staff and detainees, shall receive a pre-employment medical examination. The Cook Foreman or detention staff assigned to food service shall inspect all detainee food service workers on a daily basis at the start of each work period. Detainees who exhibit signs of illness, skin disease, diarrhea (admitted or suspected), or infected cuts or boils shall be removed from the work assignment and immediately referred to Health Services for determination of duty fitness.</p>	Meets Standard	Per policy, all staff and detainees receive a medical examination prior to working in food service. Both the detainee and medical staff sign the certification form. Food service staff inspects workers daily. Detainees who exhibit signs of illness or other medical issues are not permitted to work and are referred to the medical department for care.
<p>32. The food service department complies with food safety and sanitation requirements as prescribed by the governing health inspection authority, applicable laws and contract provisions.</p>	Meets Standard	The California Department of Public Health inspects the food service department annually. The last inspection was on 06/02/2016.
<p>33. All facilities shall meet environmental standards for safety and sanitation.</p>	Meets Standard	
<p>34. The FSA shall develop a schedule for the routine cleaning of equipment consistent with the information obtained from manufacturers or local distributors, the National Sanitation Foundation International (NSF) standards or equivalent standards of other agencies about the operation, cleaning, and care of equipment.</p>	Meets Standard	Routine cleaning of the food service equipment is conducted on a daily and weekly schedule and is consistent with food service industry standards, the manufacturer's instructions and NSF standards. Both the daily and weekly cleaning activities are documented by the FSA. Cleaning schedules were observed posted throughout the food service department.

STANDARD 4.1. FOOD SERVICE (Key: T)

This detention standard ensures that detainees are provided a nutritionally balanced diet that is prepared and presented in a sanitary and hygienic food service operation.

Components	Rating	Remarks (1000 Char Max)
35. Spray or immersion dishwashers or devices – including automatic dispensers for detergents, wetting agents, and liquid sanitizer – shall be maintained in good repair. Utensils and equipment placed in the machine must be exposed to all cycles.	Meets Standard	Equipment in the food service department is well maintained and in good repair. Utensils and equipment are exposed to all cycles in the dish machine. Temperature checks are conducted and documented after each meal.
36. Adequate, sanitary, properly equipped, and conveniently located toilet facilities shall be provided for all food service staff and detainee workers.	Meets Standard	
37. The FSA is responsible for pest control in the food service department. Air curtains or comparable devices shall be used on outside doors where food is prepared, stored, or served to protect against insects and other rodents.	Meets Standard	Orkin, a licensed pest control company provides pest control services on a monthly and as needed basis. Air curtains are installed on outside doors and where food is being prepared, stored, or served, protecting the food service department from insects and rodents.
38. The facility shall implement written procedures requiring administrative, medical, and/or dietary personnel to conduct the weekly inspections of all food service areas, including dining, storage, equipment, and food-preparation areas.	Meets Standard	Daily and weekly inspections of food service areas are conducted and documented by the FSA. Policy also requires that weekly inspections of all food service areas be performed by medical and administrative staff. Documentation indicated that weekly inspections are being conducted.
39. PRIORITY: Staff shall check refrigerator and water temperatures daily and record the results. The FSA or designee will verify and document requirements of food and equipment temperatures. The FSA or CS shall inspect food service areas at least weekly. An independent, external inspector shall conduct annual inspections to ensure that the food service facilities and equipment meet governmental health and safety codes.	Meets Standard	Food service staff document refrigeration, freezer and water temperatures three times daily. Daily inspections of all food service areas are conducted and documented by the FSA and the KS. Food service facilities and equipment meet established governmental health and safety codes, as documented by the annual inspections conducted by the California Department of Public Health. The last inspection was on 06/02/2016.

STANDARD 4.1. FOOD SERVICE (Key: T)

This detention standard ensures that detainees are provided a nutritionally balanced diet that is prepared and presented in a sanitary and hygienic food service operation.

Components	Rating	Remarks (1000 Char Max)
40. The FSA shall develop a cleaning schedule for each food service area and post it for easy reference.	Meets Standard	Cleaning schedules were observed posted throughout the kitchen.
41. Each FSA shall establish procedures for storing, receiving, and inventorying food.	Meets Standard	
42. Store all products at least six inches from the floor and sufficiently far from walls to facilitate pest-control measures.	Meets Standard	
43. Perishables shall be stored at 35-40 F degrees to prevent spoilage and other bacterial action, and maintain frozen foods at or below zero degrees.	Meets Standard	
44. Inventory levels are established, monitored and periodically adjusted to correct excesses or shortages.	Meets Standard	The FSA monitors stock levels to ensure adequate supplies are on hand. A "first in, first out" system is utilized to control inventory. The facility currently has a fifteen-day supply of food on hand. Overage and shortage issues are maintained on a spreadsheet by the FSA.

STANDARD 4.1. FOOD SERVICE – Reviewer Summary

(Use following format for dates: mm/dd/yyyy)

Overall Remarks: (Record significant facts, observations, other sources used, etc.) (5000 Character Max)

The food service department provides detainees with nutritious and appetizing menu meals. Interviews with detainee's regarding the meals served at the facility were all very positive. The food service sanitation operation was observed to be very clean and appropriately maintained.

A review of the approve menu revealed that the food service department serves a diverse menu of Spanish, English, Italian and Chinese meals.

Operating procedures include daily searches of detainee work areas. All employees are trained in count procedures.

The FSA considers the ethnic diversity of the facility's detainee population when developing menu cycles. There is an established meal schedule for detainee food service workers. ICE workers receive the same fare as other detainees.

Meals are served in an unregimented manner as possible. The areas in which meals are served at the facility have free seating, ease of movement, and supervision by detention officers. The meal areas have the capacity that allows detainees a minimum of twenty minutes dining time for each meal.

Prepared food items that have not been placed on the serving line are retained no more than 24 hours. Leftovers offered for service a second time are not retained for later use and are discarded. All leftovers are labeled to identify the product, preparation date and time.

The FSA maintains a record of actual costs of both edible and non-edible items and has estimated quarterly costs for the common fare program. Written authorization from the OIC is required when sack meals are provided to a detainee in the

STANDARD 4.1. FOOD SERVICE – Reviewer Summary*(Use following format for dates: mm/dd/yyyy)*

SMU units, with the medical department being consulted.

The areas underneath sprinkler deflectors have at least an eighteen-inch clearance.

Moist cloths for wiping food spills on kitchenware and food-contact surfaces on equipment are clean, rinsed frequently and soaked in approved sanitizing solution between uses. The sanitizing solution is at the appropriate ppm level. A three-sink combination with three labeled compartments is used for manually washing, rinsing, and sanitizing utensils and equipment. Chemicals used for sanitizing are automatically dispensed at the appropriate ppm level and proper temperature. The evaluation was based on a review of policies and procedures, observation and staff and detainee interviews.

Overall Rating: Meets Standard

Reviewer Name (Printed) (b)(6);(b)(7)(C)

Completion Date: 10/6/2016

Reviewer Signature (for printed form submission):

STANDARD 4.2. HUNGER STRIKES (Key: U)

This detention standard protects detainees' health and well-being by monitoring, counseling and providing appropriate treatment to any detainee who is on a hunger strike.

Components	Rating	Remarks (1000 Char Max)
1. All staff receive initial and annual training on recognizing the signs of a hunger striker and on the procedures for referral for medical assessment. Medical staff receive training in hunger-strike evaluation and treatment and remain up-to-date on these techniques.	Meets Standard	As documented in training records, all employees receive initial and annual training on recognition, referral and monitoring of hunger strikes. Medical personnel stay current in evaluation and treatment.
2. Procedures for identifying and referring to medical staff a detainee suspected or announced to be on a hunger strike shall include obtaining from qualified medical personnel an assessment of whether the detainee's action is reasoned and deliberate or the manifestation of a mental illness.	Meets Standard	Hunger striking detainees are referred to a mental health provider to determine whether the hunger strike is a reasoned and deliberate action or the manifestation of a mental illness.
3. PRIORITY: Facility immediately reports via the chain of command a hunger strike to ICE/ERO.	Meets Standard	A hunger striker is immediately reported to ICE.
4. PRIORITY: Staff shall consider any detainee observed to have not eaten for 72 hours to be on a hunger strike, and shall refer him or her to the clinical medical authority for evaluation and management.	Meets Standard	Detainees who have not eaten for 48 hours are considered to be on a hunger strike and referred to medical personnel for evaluation.
5. During the initial evaluation of a detainee on a hunger strike, medical staff shall: <ul style="list-style-type: none"> • Measure and record height and weight; • Measure and record vital signs; • Perform urinalysis; • Conduct psychological/psychiatric evaluation; • Examine general physical condition; and • If clinically indicated, proceed with other necessary studies. Medical staff record the weight and vital signs and repeat other procedures as medically indicated of a hunger-striking detainee at least once every 24 hours. Medical staff shall record all examination results in the detainee's medical file.	Meets Standard	The initial medical assessment of a hunger striker includes all bulleted items of the component. Weight and vital signs are then measured and recorded every 24 hours. Additional examinations and testing are performed as indicated by the detainee's history and presenting physical condition. All examination results are documented in the medical record.
6. A signed Refusal of Treatment form is required of every detainee who rejects medical evaluation or treatment. If the detainee will not cooperate by signing, staff shall note this on the "Refusal of Treatment" form. Any detainee refusing medical treatment will be monitored by medical staff to evaluate whether the hunger strike poses a risk to the detainee's life or permanent health.	Meets Standard	Detainees are required to sign a Refusal of Treatment form when declining medical treatment. Medical personnel document any detainee's refusal to sign with two witness signatures and continue to monitor the detainee's health and welfare.

STANDARD 4.2. HUNGER STRIKES (Key: U)

This detention standard protects detainees' health and well-being by monitoring, counseling and providing appropriate treatment to any detainee who is on a hunger strike.

Components	Rating	Remarks (1000 Char Max)
7. After the hunger strike, medical staff shall provide appropriate medical and mental health follow-up care. Only the clinical medical authority may order a detainee's release from hunger strike treatment and shall document that order in the detainee's medical record. A notation will be made in the detention file when the detainee has ended the hunger strike.	Meets Standard	Procedures have been established for follow-up monitoring and care provided to the detainee when the hunger strike has ended. Only the clinical medical director may order the detainee's release from treatment and documents same in the medical record. A notation is also made in the detention file.
8. After consultation with the clinical medical authority, the facility administrator may require staff to measure and record food and water intake and output until terminated by the clinical medical authority. An IHSC Hunger Strike Form or equivalent must be used.	Meets Standard	Procedures have been established for employees to measure and record food and fluid intake and output on an equivalent hunger strike monitoring form.
9. Unless otherwise directed by the medical authority, staff physically deliver three meals per day to the detainee's room, regardless of the detainee's response to a verbally offered meal and document those meal offers.	Meets Standard	Three meals per day are delivered to the detainee's room, irrespective of a verbal refusal of food. The food delivery is documented on the hunger strike monitoring form.
10. Provide an adequate supply of drinking water or other beverages.	Meets Standard	An adequate supply of drinking water and other fluids is provided to detainees on hunger strike. Water in the sink is secured.
11. Remove from the detainee's room all food items not authorized by the clinical medical authority.	Meets Standard	All non-authorized food items are removed from the detainee's room.
12. Before involuntary medical treatment is administered, staff shall make reasonable efforts to educate and encourage him or her to accept treatment voluntarily. Involuntary medical treatment shall be administered in accordance with established guidelines and applicable laws and only after the clinical medical authority determines the detainee's life or health is at risk.	Meets Standard	Medical personnel attempt to educate and encourage hunger strikers to voluntarily accept evaluations and treatment. Involuntary treatment is administered only after the clinical medical authority determines that the detainee's life or health is at risk. Involuntary treatment is only administered in accordance with applicable laws.

STANDARD 4.2. HUNGER STRIKES – Reviewer Summary

(Use following format for dates: mm/dd/yyyy)

STANDARD 4.2. HUNGER STRIKES – Reviewer Summary*(Use following format for dates: mm/dd/yyyy)***Overall Remarks:** *(Record significant facts, observations, other sources used, etc.) (5000 Character Max)*

During initial referral, medical personnel document the reasons for placing a detainee in an observation room in the infirmary. This decision is reviewed daily. Medical personnel monitor detainees in the observation room as medically indicated and mental health needs are considered. Medical personnel make the decision about appropriate housing placement when food and liquid intake/output is measured.

During the initial medical evaluation and management, medical staff monitor the health of a detainee on a hunger strike. If a detainee engaging in a hunger strike has been previously diagnosed with a mental health condition, or is incapable of giving informed consent due to age or illness, appropriate medical/administrative action is taken in the best interest of the detainee. Qualified medical staff modify or augment standard treatment protocols. If medically necessary, detainees are transferred to a community hospital or a detention facility appropriately equipped for treatment. Records are kept of all interactions with the striking detainee, the provision of food, attempted and successfully administered medical treatment, and communications between the physician, the OIC and ICE.

Detainees on hunger strikes may not purchase food/snacks. Detainees refusing to accept treatment are counseled by medical staff regarding the medical risks associated with refusal of treatment. When clinical assessment and laboratory results indicate the detainee's weakening condition threatens the life or long-term health of the detainee, a physician recommends involuntary treatment. The facility administrator notifies ICE if a detainee is refusing treatment, and the health services administrator notifies the respective FOD in writing of any proposed plan to involuntarily feed the detainee. Any involuntary medical treatment is approved by ICE. The FOD, in consultation with the physician, contacts the respective ICE Office of Chief Counsel and the U.S. Attorney's Office and discusses any impending involuntary medical treatment and makes recommendations regarding pursuing a court order. Medical personnel continue clinical and laboratory monitoring as necessary until the detainee's life or health is out of danger and continue medical and mental health follow-up as necessary.

Policy and procedures outline guidelines for the management of hunger striking detainees. There were three detainee hunger strikes in the past year. All were of short duration with no ill effects reported. As documented in medical records, policy and procedure was followed. Evaluation of the standard was based on review of policy, procedures, medical records, training documentation, curriculum and forms; and staff interviews.

Overall Rating: Meets Standard**Reviewer Name (Printed):** (b)(6),(b)(7)(C)**Completion Date:** 10/6/2016**Reviewer Signature (for printed form submission):**

STANDARD 4.3. MEDICAL CARE (Key: V)

This detention standard ensures that detainees have access to appropriate and necessary medical, dental, and mental health care, including emergency services.

Components	Rating	Remarks (1000 Char Max)
<p>1. Every facility shall directly or contractually provide its detainee population:</p> <ul style="list-style-type: none"> • Initial medical, mental health, and dental screening, • Medically necessary and appropriate medical, dental and mental health care and pharmaceutical services • Comprehensive, routine and preventive health care, as medically indicated • Emergency care, Specialty health care, • Timely responses, Mental health care, • Hospitalization as needed within the local community, and • Staff or professional language services necessary for detainees with limited English proficiency during any medical or mental health appointment, sick call, treatment, or consultation 	Meets Standard	Correct Care Solutions (CCS) is contracted to provide all of the services and care listed in this component. Translation services are provided through Language Line and through bi-lingual medical staff.
<p>2. A designated health services administrator (HSA) or equivalent in non-IHSC staffed detention facilities shall have overall responsibility for health care services pursuant to a written agreement, contract, or job description. The HSA is a physician or health care professional and shall be identified to detainees. When the HSA is other than a physician, final clinical judgment shall rest with the facility's designated clinical medical authority. In no event should clinical decisions be made by non-clinicians.</p>	Meets Standard	Pursuant to a position description, the health services administrator (HSA) is the administrative health authority, and is a physician. Final clinical decisions are made by the clinical medical authority, who is a physician. Clinical decisions are not made by non-clinicians.
<p>3. PRIORITY: All facilities shall provide a medical staff and sufficient support personnel to meet these Standards. A staffing plan, which is reviewed at least annually, identifies the positions needed to perform the required services.</p>	Meets Standard	The annually reviewed staffing plan provides sufficient personnel to meet the required scope of services, and includes: one HSA, one assistant HSA, one director of nurses (DON), one clinical director, one physician, one psychiatrist, six psychologists, one dentist, one dental assistant, three mid-level providers, twelve RNs, eight licensed practical nurses, six medical records technicians, one radiology technician, one laboratory technician, and three clerks.

STANDARD 4.3. MEDICAL CARE (Key: V)

This detention standard ensures that detainees have access to appropriate and necessary medical, dental, and mental health care, including emergency services.

Components	Rating	Remarks (1000 Char Max)
4. PRIORITY: All health care staff must be verifiably licensed, certified, credentialed, and/or registered in compliance with applicable state and federal requirements. Health care personnel only perform duties for which they are credentialed by training, licensure, certification, job descriptions, and/or written standing or direct orders by personnel authorized by law to give such orders.	Meets Standard	Medical professional licenses or registrations were current and verified. Health care employees perform duties according to their specific position description, training and licensure.
5. The facility administrator, in collaboration with the clinical medical authority and HSA, negotiates and maintains arrangements with nearby medical facilities or health care providers to provide required health care not available within the facility, as well as identifying custodial officers to transport and remain with detainees for the duration of any off-site treatment or hospital admission.	Meets Standard	The facility negotiates and keeps current arrangements with nearby medical facilities (Victor Valley Global Medical Center, Palmdale Regional Medical Center, Loma Linda Medical Center, and Hospital Alvarado Parkway) or health care providers to provide required health care not available within the facility. Security officers have been identified to transport and remain with detainees for off-site care.
6. PRIORITY: Each facility shall have written plans that address the management of infectious and communicable diseases, including prevention, education, identification, surveillance, immunization (when applicable), treatment, follow-up, isolation (when indicated), and reporting to local, state, and federal agencies. Plans shall include: <ul style="list-style-type: none"> • Coordination with public health authorities; • Ongoing education for staff and detainees; • Control, treatment and prevention strategies; • Protection of individual confidentiality; • Media relations; • Procedures for the identification, surveillance, immunization, follow-up and isolation of patients; • Manage infectious diseases and report them to local and/or state health departments in accordance with established guidelines and applicable laws; and • Management of bio-hazardous waste and decontamination of medical and dental equipment that complies with applicable laws and Detention Standard on Environmental Health and Safety. 	Meets Standard	The written infectious disease plan addresses communicable disease management and includes all of the requirements listed in this component, including hand hygiene.

STANDARD 4.3. MEDICAL CARE (Key: V)

This detention standard ensures that detainees have access to appropriate and necessary medical, dental, and mental health care, including emergency services.

Components	Rating	Remarks (1000 Char Max)
7. PRIORITY: All new arrivals shall receive TB screening within 12 hours of intake and using methods in accordance with CDC guidelines.	Meets Standard	All new arrivals receive TB screening and TB testing within twelve hours of admission.
8. Detainees with symptoms suggestive of TB, or with suspected or confirmed active TB disease based on clinical and/or laboratory findings, shall be placed in a functional airborne infection isolation room with negative pressure ventilation and promptly evaluated for TB disease. Patients with suspected active TB shall remain in airborne infection isolation until determined by a qualified provider to be noncontagious in accordance with CDC guidelines.	Meets Standard	Detainees with symptoms suggestive of or diagnosed with active TB are placed in one of six functional airborne infection isolation rooms with negative pressure ventilation located in the medical department for evaluation. Detainees remain in isolation as clinically indicated. The room is tested for functionality daily.
9. For all confirmed and suspected active tuberculosis cases, designated medical staff shall report: <ul style="list-style-type: none"> All cases to local and/or state health departments within one working day of meeting reporting criteria and in accordance with established guidelines and applicable laws All cases to the ICE HQ Epidemiology Unit within one working day. Any movement of TB patients, including hospitalizations, facility transfers, releases, or removals/deportations to the local and/or state health department and the ICE HQ Epidemiology Unit 	Meets Standard	All confirmed or suspected active TB cases are reported to the state health department and ICE HQ epidemiology unit within one working day, as documented. Movement of active TB patients is reported to the appropriate authorities.
10. PRIORITY: Designated medical staff shall notify the ICE Epidemiology Unit of any varicella (e.g. herpes zoster [shingles], chicken pox) cases among ICE detainees and of any ICE detainees exposed to active varicella without a history of prior varicella or varicella immunization.	Meets Standard	Any active or potential varicella cases are reported to the ICE Epidemiology Unit, as documented.
11. Facilities must develop a plan to ensure the highest degree of confidentiality regarding HIV status and medical condition.	Meets Standard	Confidentiality of HIV status is included in the infectious disease plan.
12. When current symptoms are suggestive of HIV infection, clinical evaluation shall determine the medical need for isolation.	Meets Standard	Clinical evaluation of HIV infection determines medical isolation.
13. Each facility shall establish a plan to address exposure to blood-borne pathogens, including reporting.	Meets Standard	There is an exposure control plan, which has reporting requirements.

STANDARD 4.3. MEDICAL CARE (Key: V)

This detention standard ensures that detainees have access to appropriate and necessary medical, dental, and mental health care, including emergency services.

Components	Rating	Remarks (1000 Char Max)
14. The facility shall provide each detainee, upon admittance, a copy of the detainee handbook and local supplement, in which procedures for access to health care services are explained; access to health care services, sick call and a medical grievance process shall be included in the orientation curriculum for newly admitted detainees.	Meets Standard	Detainees receive the national detainee handbook and local supplement which outline access to health care, the sick call process and the medical grievance process, in English and Spanish.
15. Detainees shall not be used for interpretation services during any medical or mental health service. Interpretation and translation services by other detainees shall only be provided in an emergency medical situation.	Meets Standard	Detainees are not used for interpretation services during health care encounters.
16. Facilities shall post signs in medical intake areas in the major languages spoken by the detainee population listing what language assistance is available during any medical or mental health treatment, diagnostic test, or evaluation.	Meets Standard	Language assistance signs, (e.g. "I speak..."), are posted in the intake area and in the HSU.
17. PRIORITY: Medical, dental, and mental health interviews, examinations, and procedures shall be conducted in settings that respect detainees' privacy.	Meets Standard	Health care encounters are conducted in settings that respect the detainee's privacy, as observed.
18. A holding/waiting area shall be located in the medical facility that is under the direct supervision of custodial officers. A detainee toilet and drinking fountain shall be accessible from the holding/waiting area.	Meets Standard	The waiting room in the HSU is under the direct supervision of custodial officers. A detainee toilet and sink is in the waiting room.
19. Medical records shall be kept separate from detainee detention records and stored in a securely locked area within the medical unit.	Meets Standard	Medical records are both electronic and paper, are kept separate from detention records and are password protected with access limited to medical staff.

STANDARD 4.3. MEDICAL CARE (Key: V)

This detention standard ensures that detainees have access to appropriate and necessary medical, dental, and mental health care, including emergency services.

Components	Rating	Remarks (1000 Char Max)
<p>20. If there is a specific area, separate from other housing areas, where detainees are admitted for health observation and care under the supervision and direction of health care personnel, consideration shall be given to the detainee's age, gender, medical requirements and custody classification, and the following minimum standards shall be met:</p> <ul style="list-style-type: none"> Physician at the facility or on call 24 hours per day; Qualified health care personnel on duty 24 hours per day when patients are present; All patients within sight or sound of a staff member; Medical housing record that is a separate and distinct section of the complete medical record; and Compliance with all established guidelines and applicable laws. <p>Facilities are expected to provide detainees in medical housing access to other services such as telephone, legal access and materials consistent with their medical condition.</p>	Meets Standard	The HSU contains an infirmary where detainees are admitted for the reasons listed in the component. All the bulleted minimum standards are met. Detainees have access to telephone, legal services and recreation. The infirmary includes six negative pressure isolation cells, two single cells, and two double-bunked cells. There is also a nurse's station, officer's station, medication room, and ancillary spaces.
<p>21. Prior to placing a mentally ill detainee in medical housing, a determination shall be made by a medical or mental health professional that placement in medical housing is medically necessary.</p>	Meets Standard	Per policy, mentally ill detainees are not placed in the isolation cell in the infirmary until evaluated and deemed clinically appropriate by a medical or mental health professional. Medical isolation is not used as a punitive measure.
<p>22. PRIORITY: Each facility shall have and comply with written policy and procedures for the management of pharmaceuticals that include procurement, inventory, prescription, dispensing, and secure storage and disposal of all prescription and nonprescription medicines.</p>	Meets Standard	The facility complies with written policy and procedures for the management of pharmaceuticals. Procedures encompass procurement, inventory, prescription, dispensing, secure storage and disposal of medications.
<p>23. The facility administrator and HSA shall jointly approve any non-prescription medications that are available to detainees outside of health services and they shall jointly review the list annually at a minimum.</p>	Meets Standard	The HSA and OIC approve non-prescription medications available from the commissary. The list is reviewed annually.

STANDARD 4.3. MEDICAL CARE (Key: V)

This detention standard ensures that detainees have access to appropriate and necessary medical, dental, and mental health care, including emergency services.

Components	Rating	Remarks (1000 Char Max)
<p>24. PRIORITY: Initial medical, dental, and mental health screening shall be done within 12 hours of arrival by a health care provider or a detention officer specially trained to perform this function.</p> <p>The screening shall inquire into the following:</p> <ul style="list-style-type: none"> Any past history of serious infectious or communicable illness, and any treatment or symptoms; Current illness and health problems, including communicable diseases; Pain assessment; Current and past medication; Allergies; Past surgical procedures; Symptoms of active TB or previous TB treatment; Dental problems; Use of alcohol and other drugs; Possibility of pregnancy; Other relevant health problems identified by the CMA responsible for screening inquiry; Observation of behavior, including state of consciousness, mental status, appearance, conduct, tremor, sweating; History of suicide attempts or current suicidal/homicidal ideation or intent; Observation of body deformities and other physical abnormalities; A transgender detainee's gender self-identification and history of transition-related care, when a detainee self-identifies as transgender; Past hospitalizations; Chronic illness (including, but not limited to, hypertension and diabetes); Dietary needs; and Any history of physical or sexual victimization and when the incident occurred. 	Meets Standard	The initial medical, dental and mental health screening is performed by licensed nursing personnel upon a detainee's admission, as a part of the intake process. Screenings include inquiries into all the bulleted items, including history of physical and mental illness.
<p>25. If screening is performed by a detention officer, the facility shall maintain documentation of the officer's special training, and the officer shall have available for reference the training syllabus, to include education on patient confidentiality of disclosed information.</p>	N/A	Health care screenings are not performed by detention staff.

STANDARD 4.3. MEDICAL CARE (Key: V)

This detention standard ensures that detainees have access to appropriate and necessary medical, dental, and mental health care, including emergency services.

Components	Rating	Remarks (1000 Char Max)
26. PRIORITY: Any detainee indicating a known acute or emergent medical condition or demonstrating a clinically significant finding as a result of initial screening shall be evaluated by a qualified, licensed health care provider as quickly as possible, but in no later than two working days.	Meets Standard	Review of health records confirmed that those detainees with a known acute or emergent medical condition or who show signs of significant illness during the intake screening procedures are evaluated and triaged by a qualified medical provider immediately and then seen by a mid-level provider within 24 hours of arrival.
27. PRIORITY: If at any time during the screening process there is an indication of need, or request for, mental health services, the HSA must be notified within 24 hours. The clinical medical authority, HSA, or other qualified licensed health care provider shall ensure a full mental health evaluation if indicated. If a detainee discloses a history of sexual victimization or abuse during a medical or mental health intake screening, whether it occurred in an institutional setting or in the community, a referral to a qualified, licensed healthcare provider shall be made immediately.	Meets Standard	Review of medical records revealed that if a detainee requests mental health services or demonstrates the need for mental health services during the intake process, a mental health provider is notified immediately, and a full mental health evaluation is conducted. All required notifications are made. If a detainee discloses any history of sexual victimization, he is referred to a mental health provider immediately.
28. All facilities shall have policies and procedures to ensure the initial health screening and assessment is documented.	Meets Standard	Policies and procedures ensure the initial health screening and assessment is documented.
29. PRIORITY: Upon completion of the in-processing health screening form, the detention officer shall immediately notify medical staff when one or more positive responses are documented. Medical staff will then assess the priority for treatment (for example, Urgent, Today, or Routine).	Meets Standard	Detention officers do not conduct medical or mental health intake screenings. Thus, they cannot notify medical staff of positive screening results. At this facility, only qualified medical personnel conduct medical and mental health intake screenings. Thus, medical personnel are able to assess priority for treatment while conducting screenings.

STANDARD 4.3. MEDICAL CARE (Key: V)

This detention standard ensures that detainees have access to appropriate and necessary medical, dental, and mental health care, including emergency services.

Components	Rating	Remarks (1000 Char Max)
30. PRIORITY: Limited-English proficient detainees and detainees who are deaf or hard of hearing will be provided interpretation or translation services or other assistance as needed for medical care activities. Language assistance may be provided by another staff member competent in the language or by a professional service, such as a telephone translation service.	Meets Standard	A telephone translation (Language Line) or interpretation service is used when translation or interpretation services are required for detainees. TTY services are located here.
31. The clinical medical authority shall establish guidelines for evaluation and treatment of new arrivals who require detoxification.	Meets Standard	The physician has approved guidelines for evaluation and treatment of detoxing detainees.
32. PRIORITY: Each facility's health care provider shall conduct a comprehensive health assessment, including a physical examination and mental health screening, on each detainee within 14 days of the detainee's arrival unless more immediate attention is required due to an acute or identifiable chronic condition. If such documentation exists of such a health assessment within the previous 90 days, the facility health care provider upon review may determine that a new appraisal is not required. Physical examinations shall be performed by a physician, physician assistant, nurse practitioner, RN (with documented training provided by physician) or other healthcare provider permitted by law.	Meets Standard	Review of twenty medical records revealed that all contained a comprehensive health assessment, completed within fourteen days of arrival, with the average being completed on day five. Physical examinations are performed by a trained RN, a mid-level provider, or a physician. The physician reviews all physical examinations performed by RNs and mid-level providers.
33. A detainee's request to see a health care provider of a particular gender is accommodated, whenever possible. Otherwise, detainees are provided same sex chaperones if requested.	Meets Standard	The facility only houses male detainees. Health care providers of both genders are available. Same sex chaperones are available.
34. PRIORITY: Where a detainee has a serious medical or mental health condition or otherwise requires special or close medical care, medical staff complete a Medical/Psychiatric Alert form (IHSC-834) or equivalent, and file the form in the detainee's medical record. Where medical staff furthermore determine the condition to be serious enough to require medical clearance of the detainee prior to transfer or removal, medical staff also place a medical hold on the detainee using the Medical/Psychiatric Alert form (IHSC-834) or equivalent, which serves to prevent ICE from transferring or removing the detainee without the prior clearance of medical staff at the facility. The facility administrator receives notice of all medical/psychiatric alerts or holds, and notifies ICE/ERO of any medical alerts or holds placed on a detainee that is to be transferred.	Meets Standard	Medical record review documented use of medical/psychiatric alert and hold forms in the medical record. The AFOD receives notice of any alerts/holds via email.

STANDARD 4.3. MEDICAL CARE (Key: V)

This detention standard ensures that detainees have access to appropriate and necessary medical, dental, and mental health care, including emergency services.

Components	Rating	Remarks (1000 Char Max)
<p>35. PRIORITY: The facility performs mental health intake screening, as well as mental health evaluations based on screening results, the comprehensive health assessment, medical documentation, or subsequent observations, that include prior history of mental health treatment, medications, drug use, suicidal tendencies, and abuse, observations of current physical and intellectual condition, and recommendations for any appropriate medical or custodial treatment.</p> <p>Detainees are appropriately referred to a mental health provider for diagnosis, treatment, and/or intervention, and transferred to licensed mental health facilities where detainee mental health needs exceed the capabilities of the facility.</p>	Meets Standard	<p>Review of medical records revealed that licensed health care providers perform mental health intake screenings. Detainees are referred to mental health staff for mental health evaluations, diagnosis, treatment, and/or intervention as needed and as specified in the component. Detainees are transferred to off-site facilities if needs exceed the capabilities of the facility.</p>
<p>36. PRIORITY: Any detainee referred for mental health treatment shall receive a comprehensive evaluation by a licensed mental health provider as clinically necessary no later than 72 hours after the referral, or sooner if necessary.</p> <p>The provider shall develop an overall treatment/management plan that may include transfer to a mental health facility if the detainee's mental illness or developmental disability needs exceed the treatment capability of the facility.</p>	Meets Standard	<p>Review of medical records revealed that detainees referred for mental health treatment received a comprehensive evaluation within 24 hours of the referral. A treatment plan may be developed, as clinically indicated, with may include transfer to an outside facility.</p>
<p>37. Any detainee prescribed psychiatric medications must be regularly evaluated by a duly-licensed and appropriate medical professional, at least once a month, to ensure proper treatment and dosage.</p>	Meets Standard	<p>Detainees prescribed psychiatric medications are regularly evaluated by appropriate medical professionals, monthly.</p>
<p>38. The facility has a mental health staffing component on call to respond to the needs of the detainee population 24 hours a day, seven days a week.</p>	Meets Standard	<p>Mental health clinicians are on call 24 hours per day, seven days per week.</p>
<p>39. The clinical medical authority may place in medical isolation a detainee who is at high risk for violent behavior because of a mental health condition. The clinical medical authority must provide for reassessment on a daily basis the need for continued medical isolation for the health and safety of the detainee.</p>	Meets Standard	<p>Per policy, the clinical medical authority may place a detainee who is at high risk for violent behavior because of a mental health condition in medical isolation. Daily reassessment is required.</p>

STANDARD 4.3. MEDICAL CARE (Key: V)

This detention standard ensures that detainees have access to appropriate and necessary medical, dental, and mental health care, including emergency services.

Components	Rating	Remarks (1000 Char Max)
<p>40. PRIORITY: The facility shall have written procedures for restraints for medical or mental health purposes that specify:</p> <ul style="list-style-type: none"> • The conditions under which restraints may be applied; • The types of restraints to be used; • The proper use, application, and monitoring of restraints; • Requirements for documentation, including efforts to use less restrictive alternatives; and • After-incident review. 	Meets Standard	Policy and written procedures address the requirements of this component. The DON reports that medical restraints are not used at this facility.
<p>41. PRIORITY: Involuntary administration of psychotropic medications to detainees shall comply with established guidelines and applicable laws and only pursuant to the specific, written and detailed authorization of a physician. Absent declared medical emergency, before psychotropic medication is involuntarily administered, it is required that the HSA contact ERO Management, who shall contact respective DHS/ICE Chief Counsel.</p> <p>The authorizing physician shall:</p> <ul style="list-style-type: none"> • Review the medical record of the detainee and conduct a medical examination; • Specify the reasons for and duration of therapy and whether the detainee has been asked if he or she would consent to such medication; • Specify the medication to be administered, the dosage, and the possible side effects of the medication; • Document that less restrictive intervention options have been exercised without success; • Detail how the medication is to be administered; • Monitor the detainee for adverse reactions and side effects; and • Prepare treatment plans for less restrictive alternatives as soon as possible. 	Meets Standard	Policy and procedure address the requirements of this component. However, the HSA reports that involuntary administration of psychotropic medications has not been used at this facility in the past year.
<p>42. A detainee that is in ICE custody for over a year continuously shall receive health examinations on an annual basis. Detainees shall have access to age and gender appropriate exams annually, including rescreening for tuberculosis.</p>	Meets Standard	Medical record review confirmed that detainees in ICE custody for over a year receive required annual health examinations, including rescreening for TB.

STANDARD 4.3. MEDICAL CARE (Key: V)

This detention standard ensures that detainees have access to appropriate and necessary medical, dental, and mental health care, including emergency services.

Components	Rating	Remarks (1000 Char Max)
<p>43. An initial dental screening exam shall be performed within 14 days of the detainee's arrival.</p> <ul style="list-style-type: none"> Emergency dental treatment shall be provided for immediate relief of pain, trauma and acute oral infection. Routine dental treatment may be provided to detainees in ICE custody for whom dental treatment is inaccessible for prolonged periods because of detention for over six (6) months. Dental exams and treatment are provided only by licensed dental personnel. 	Meets Standard	Medical record review documented initial dental screening exams are performed as part of the intake screening by the dentist. Routine and emergent dental treatment is provided in a timely manner.
<p>44. PRIORITY: Each facility shall have a sick call procedure that allows detainees the unrestricted opportunity to freely request health care services (including mental health and dental services) provided by a physician or other qualified medical staff in a clinical setting.</p> <p>This procedure shall include:</p> <ul style="list-style-type: none"> Clearly written policies and procedures; Sick call process will be communicated in writing and verbally to detainees during their orientation; Regularly scheduled "sick call" times will be established and communicated to detainees; All facilities must have an established procedure in place to ensure that all sick call requests are received and triaged by appropriate medical personnel within 24 hours after the detainee submits the request. In an urgent situation, the housing unit officer shall notify medical personnel immediately. <p>All detainees, including those in Special Management Units, regardless of classification, shall have access to sick call.</p>	Meets Standard	There is a sick call procedure that allows detainees the unrestricted opportunity to request health care services, and includes all the bulleted items. All detainees, including those in special management units, have access to sick call.
<p>45. If the procedure uses a written request slip, they shall be provided in English and the most common languages spoken by the detainee population of that facility. Limited-English proficient detainees and detainees who are deaf or hard of hearing will be provided interpretation/translation services as needed or other assistance as needed to complete a request slip.</p>	Meets Standard	Written request slips are available in English and Spanish. Detainees requiring interpretation/translation services are accommodated.
<p>46. Medical personnel shall review the request slips and determine when the detainee will be seen based on acuity of the problem. All facilities shall maintain a permanent record of all sick call requests.</p>	Meets Standard	Medical personnel triage all sick call requests. Sick call requests become a part of the permanent record.

STANDARD 4.3. MEDICAL CARE (Key: V)

This detention standard ensures that detainees have access to appropriate and necessary medical, dental, and mental health care, including emergency services.

Components	Rating	Remarks (1000 Char Max)
<p>47. PRIORITY: Each facility shall have a written emergency services plan for the delivery of 24-hour emergency health care.</p> <p>A plan shall be prepared in consultation with the facility's clinical medical authority or the HSA. The plan will include the following:</p> <ul style="list-style-type: none"> • An on-call physician, dentist, and mental health professional, or designee, that are available 24 hours per day; • A list of telephone numbers for local ambulances and hospital services available to all staff; • An automatic external defibrillator (AED) will be maintained for use at each facility and accessible to staff; • All detention and medical staff shall receive cardio pulmonary resuscitation (CPR, AED) , and emergency first aid training annually; • Security procedures that ensure the immediate transfer of detainees for emergency medical care. 	Meets Standard	<p>Medical personnel are on site 24 hours per day, seven days per week. Written policy, prepared in consultation with the medical director and HSA, establishes procedures for delivering care when emergency medical attention is required. Procedures address all of the requirements listed in this component. CPR/AED training is provided for all staff. The emergency services plan also addresses medical transfers under appropriate security conditions.</p>
<p>48. PRIORITY: Training is provided to all detention and health care personnel at least annually by a responsible medical authority in cooperation with the facility administrator, and includes:</p> <ul style="list-style-type: none"> • Responding to health-related situations within four (4) minutes; • Recognizing of signs of potential health emergencies and the required responses; • Administering first aid, AED and cardiopulmonary resuscitation (CPR); • Obtaining emergency medical assistance through the facility plan and its required procedures; • Recognizing signs and symptoms of mental illness and suicide risk; • The facility's established plan and procedures for providing emergency medical care including, when required, the safe and secure transfer of detainees for appropriate hospital or other medical services, including by ambulance when indicated. 	Meets Standard	<p>As confirmed by review of a random sample of training records, all employees are trained annually to respond to emergencies. The training addresses all of the bulleted items listed in this component.</p>

STANDARD 4.3. MEDICAL CARE (Key: V)

This detention standard ensures that detainees have access to appropriate and necessary medical, dental, and mental health care, including emergency services.

Components	Rating	Remarks (1000 Char Max)
49. The designated health authority and facility administrator shall determine the contents, number, location(s), use protocols, and procedures for monthly inspections of first aid kits.	Meets Standard	The HSA and OIC manage the first aid kits.
50. Distribution of medication (including over the counter) shall be in accordance with specific instructions and procedures established by the HSA in consultation with the CMA. Written records of all medication given to or refused by detainees shall be maintained. Detainees may not deliver or administer medications to other detainees.	Meets Standard	Medication distribution is in accordance with written provider order. Review of detainee medical records and medication administration records confirmed the documentation of all medications administered. Detainees never deliver or administer medications.
51. If prescribed medication must be delivered at a specific time when medical staff is not on duty, it may only be distributed by detention officers who have received proper training by the HSA or designee, where it is permitted by state law to do so. The facility shall maintain documentation of the training given any officer required to distribute medication, and the officer shall have available for reference the training syllabus or other guide or protocol provided by the health authority.	N/A	Medical personnel are on site at all times and perform all required medication administration. Detention officers do not distribute medications at any time.
52. Qualified health care personnel shall provide detainees health education and wellness information.	Meets Standard	Health education and wellness information provided includes personal and hand hygiene, dental care, and prevention of communicable diseases.
53. The clinical medical authority for each facility must have a plan to notify ICE in writing of any detainee with special needs. The written notification must become part of the detainee's health record file.	Meets Standard	ICE is notified of any detainee with special needs via email. Per the DON, a copy is placed in the detainee's medical record.
54. Consistent with the IHSC Detainee Covered Services Package, detainees are provided medical prosthetic devices or other impairment aids, such as eyeglasses, hearing aids, or wheelchairs, except when such provisions would impact the security or safety of the facility.	Meets Standard	Detainees are provided medical prosthetic devices that do not impact the safety or security of the facility, as necessary.

STANDARD 4.3. MEDICAL CARE (Key: V)

This detention standard ensures that detainees have access to appropriate and necessary medical, dental, and mental health care, including emergency services.

Components	Rating	Remarks (1000 Char Max)
55. PRIORITY: When a detainee requires close medical supervision, including chronic and convalescent care, a written treatment plan that includes access to health care and other personnel regarding care and supervision, shall be developed and approved by the appropriate qualified licensed health care provider, in consultation with the patient, with periodic review.	Meets Standard	Medical record review revealed that written treatment plans are developed, in consultation with the patient and approved by the physician, for detainees enrolled in a chronic care clinic or who otherwise require close medical supervision. The detainee is re-evaluated at least every ninety days and the plan is reviewed.
56. Transgender detainees who were already receiving hormone therapy when taken into ICE custody shall have continued access. All transgender detainees shall have access to mental health care, and other transgender-related health care and medication based on medical need. Treatment shall follow accepted guidelines regarding medically necessary transition-related care.	Meets Standard	Policy requires that transgender detainees receive hormone therapy at the same level as when they were taken into custody and other health care as medically necessary and appropriate. The DON reports that the facility does not house transgender detainees.
57. The facility HSA must ensure that a plan is developed that provides for continuity of medical care in the event of a change in detention placement or status. Upon transfer to another facility, the medical provider shall ensure that the detainee's full medical record and at least 7 day (or, in the case of TB medications, 15 day; and HIV/AIDS medications, 30 day) supply of medication shall accompany the detainee. Upon release from ICE custody, the detainee shall receive up to a 30 day supply of medication as ordered by the prescribing authority and a copy of his complete medical record.	Meets Standard	A transfer summary or discharge plan is developed for a detainee who is being transferred or discharged. The full medical record, as well as the appropriate amount of medications, is sent with the detainee.
58. PRIORITY: Documented informed consent, consistent with standards of the jurisdiction, is obtained from a detainee before medical treatment is administered. If a detainee refuses consent to treatment, medical staff explain the medical risks if treatment is declined and document their efforts in the detainee's medical record.	Meets Standard	Review of twenty detainee health records confirmed that all had signed and dated informed consent forms completed during in-processing. Additional consents are obtained for invasive procedures and psychiatric medications. Refusal to consent requires medical staff intervention and documentation of the risks of refusing in the medical record.

STANDARD 4.3. MEDICAL CARE (Key: V)

This detention standard ensures that detainees have access to appropriate and necessary medical, dental, and mental health care, including emergency services.

Components	Rating	Remarks (1000 Char Max)
<p>59. If a detainee refuses treatment and the clinical medical authority or designee determines that the treatment is necessary, ICE/ERO shall be consulted in determining whether involuntary treatment shall be pursued.</p> <p>Involuntary treatment is a decision made only by medical staff under strict legal restrictions. Prior to any contemplated action involving non-emergent involuntary medical treatment, DHS / ICE respective Chief Counsel will be consulted.</p>	Meets Standard	ICE personnel are consulted if a detainee refuses lifesaving or life-sustaining medical treatment.
<p>60. PRIORITY: The HSA shall maintain a complete health record on each detainee that is:</p> <ul style="list-style-type: none"> Organized uniformly in accordance with appropriate accrediting body standards; Available to all practitioners and used by them for health care documentation; Properly maintained and safeguarded in a securely locked area within the medical unit separately from other detention records. 	Meets Standard	The facility is in the process of transitioning to an electronic record (started in August, 2016). A complete electronic and paper medical record is maintained for each detainee. The records are organized, used by medical practitioners and password protected.
<p>61. All medical providers, as well as detention officers and staff, shall protect the privacy of detainees' medical information in accordance with established guidelines and applicable laws. These protections apply, not only to records maintained on paper, but also to electronic records where they are used. Staff training must emphasize the need for confidentiality and procedures must be in place to limit access to health records to only authorized individuals and only when necessary.</p>	Meets Standard	All employees are trained in medical information confidentiality. Access to health records is limited to authorized medical staff.
<p>62. The HSA shall provide the facility administrator and designated staff information that is necessary:</p> <ul style="list-style-type: none"> To preserve the health and safety of the detainee, other detainees, staff, or any other person. For administrative and detention decisions such as housing, voluntary work assignments, security, and transport. For management purposes such as audits and inspections. 	Meets Standard	The HSA provides the OIC and others with need-to-know, information necessary for the purposes listed in this component.
<p>63. Copies of health records shall be released by the HSA directly to a detainee or their designee, at no cost to the detainee, within a reasonable timeframe after receipt by the HSA of a written authorization from the detainee.</p>	Meets Standard	Copies of medical records are provided upon receipt of a written request authorizing the release. Detainees are not charged for copies of their records.

STANDARD 4.3. MEDICAL CARE (Key: V)

This detention standard ensures that detainees have access to appropriate and necessary medical, dental, and mental health care, including emergency services.

Components	Rating	Remarks (1000 Char Max)
64. Detainees who indicate they wish to obtain copies of their medical records shall be provided with the appropriate request form. ICE/ERO, or the facility administrator, shall provide limited-English proficient detainees and detainees who are deaf or hard of hearing with interpretation or translation services or other assistance as needed to make the written request and assist in transmitting the request to the facility HSA.	Meets Standard	Detainees requesting copies of their medical records are provided with the appropriate request form and assistance in transmitting the request.
65. PRIORITY: The HSA shall be given advance notice prior to the release, transfer, or removal of a detainee, so that medical staff may determine and provide for any medical needs associated with the transfer, release, or removal.	Meets Standard	Per the DON, medical personnel are given one to twelve hours advance notice of a detainee's transfer or removal.
66. PRIORITY: Upon receiving notification that a detainee is to be transferred, appropriate medical staff at the sending facility notify the facility administrator of any medical/psychiatric alerts or holds that have been assigned to the detainee, as reflected in the detainee's medical records. The facility administrator notifies ICE/ERO of any medical alerts or holds placed on a detainee that is to be transferred. Those detainees who are currently placed in a medical hold status are evaluated and cleared by a licensed independent practitioner prior to transfer or removal. In addition, the CMA or designee informs the facility administrator in writing if the detainee's medical or psychiatric condition requires a medical escort during transfer or removal.	Meets Standard	The OIC is notified in writing when a transferring detainee has a medical/psychiatric alert or hold, or requires a medical escort. The OIC notifies other applicable ICE staff. Detainees with these holds/alerts must be cleared before transfer.
67. When a detainee is transferred within the ICE Health Service Corps (IHSC) system, ICE ensures that: <ul style="list-style-type: none"> Form USM-553, or equivalent Medical Transfer Summary, and a copy of the detainee's full medical record accompanies the detainee; and The full medical record is placed in a sealed envelope or other container labeled with the detainee's name and A-number and marked "MEDICAL CONFIDENTIAL." When a detainee is transferred to an IGSA detention facility, the sending facility ensures that the Transfer Summary accompanies the detainee. A copy of the full medical record accompanies each detainee during transfer unless extenuating circumstances make this impossible, in which case the full medical record follows as soon as practicable.	Meets Standard	This facility is not within the IHSC system. When a detainee is transferred, a transfer summary and full copy of the medical record accompanies the detainee. Medical records are placed in a sealed and appropriately labeled envelope.
68. Detainees released or removed from detention receive a discharge treatment plan to ensure continuity of care, full copy of their medical record, medication and referrals to community-based providers as medically appropriate.	Meets Standard	Discharged detainees receive a discharge plan, copy of the medical record, medications and referrals to community providers.

STANDARD 4.3. MEDICAL CARE (Key: V)

This detention standard ensures that detainees have access to appropriate and necessary medical, dental, and mental health care, including emergency services.

Components	Rating	Remarks (1000 Char Max)
69. Detainees will not participate in medical, pharmaceutical or cosmetic research while under the care of ICE detention facilities. This does not preclude the use of approved clinical trials that may be warranted for a specific detainee's diagnosis or treatment when recommended and approved by the clinical medical director. Such measures require documented informed consent.	Meets Standard	Detainees are prohibited from participating in medical, pharmaceutical or cosmetic research. Participation in approved clinical trials is not prohibited if approved by the medical director and consented to by the detainee. Currently, there are no detainees participating in clinical trials.
70. PRIORITY: The HSA shall implement a system of internal review and quality assurance that includes data analysis, a multidisciplinary committee with regular monitoring of health service outcomes, and assessment of ongoing education and training needs.	Meets Standard	The HSA has implemented a system of internal review and quality assurance which includes all of the items listed in the component.
71. The HSA shall implement an intra-organizational, external peer review program for all independently licensed medical professionals. Reviews are conducted at least annually.	Meets Standard	The HSA has implemented an annual external peer review program, as documented in personnel files.

STANDARD 4.3. MEDICAL CARE – Reviewer Summary

(Use following format for dates: mm/dd/yyyy)

Overall Remarks: (Record significant facts, observations, other sources used, etc.) (5000 Character Max)

When TB treatment is indicated, multi-drug, anti-TB therapy is administered using directly observed therapy (DOT). Active TB disease is ruled out before treatment for latent TB infection is initiated. International referrals are coordinated with the IHSC Epidemiology Unit and local/state health departments. There is a written plan to address the management of hepatitis A, B, and C, and HIV. Detainees may request hepatitis and HIV testing at any time. Medical personnel provide all detainees diagnosed with HIV/AIDS medical care consistent with national recommendations and guidelines. Medical personnel ensure that all FDA medications currently approved for the treatment of HIV/AIDS are accessible. Detainees with active tuberculosis are evaluated for possible HIV infection. New HIV-positive diagnoses are reported to government bodies according to state and local laws and requirements; the HSA is responsible for ensuring that all applicable state requirements are met.

Pharmaceutical management policy includes: a formulary, obtaining non-formulary medications, prescription practices, perpetual inventory, medication administration error reports, training, and storage in a secure area.

Detainees experiencing severe intoxication or withdrawal are immediately transferred to the emergency department for treatment and referral.

Mental health evaluations and screenings include: reason for referral, mental health history, drug/alcohol use history, suicide attempts, current suicidal/homicidal ideation, medications, intellectual functioning, history of abuse, pertinent physical condition, and treatment recommendations.

The emergency medical services plan includes provisions for emergency evacuation of the detainee from the facility. Non-medical personnel contact medical personnel when questioning the need for emergency care. Emergency response equipment is available.

All medications and treatments are provided on schedule. Detainees who arrive with prescribed medications or who report

STANDARD 4.3. MEDICAL CARE – Reviewer Summary*(Use following format for dates: mm/dd/yyyy)*

being on such medications, are evaluated by a qualified health care professional as soon as possible, but not later than 24 hours after arrival, and provisions are made to secure medically necessary medications. Detainees are not charged for any medical services to include pharmaceuticals dispensed by medical personnel.

Detainee health education and wellness information is provided per standard.

Informed consent is obtained on admission. Separate informed consent is obtained for use of psychotropic medications. Detainee treatment questions are answered by medical personnel. Detainees sign a refusal for treatment when appropriate. Refusals are reviewed to determine reasons for refusal. The written authorization for release of health information is retained in the medical record. Lab results are made available to detainees post transfer or release. Inactive medical records are retained. Telemedicine is not used at the facility.

Detainees request an independent health examination by submitting a written request to the FOD. The cost of the exam is at the detainee's expense.

Medical record review demonstrated that detainees are receiving medical, dental and mental health screenings, TB testing and physical examinations within required time frames and by an appropriate level of provider. Consent to treatment is obtained on admission. Detainees are being followed for mental health issues and chronic diseases and are being seen in sick call within acceptable timeframes, normally within one day.

Counts of controlled substances, needles and tools verified the accuracy of the inventory documentation.

The facility is accredited by the American Correctional Association and by the National Commission on Correctional Health Care.

Medical staff and detainee interactions were observed and found to be professional, pleasant, fair and consistent. Detainees were able to describe access to care and stated that their medical concerns were addressed in a timely manner. The HSU is large, clean and well equipped. Detainees have access to appropriate and necessary medical, dental and mental health care, including emergency services, and are provided health education. There are no medical co-pay fees. Evaluation of the standard was based on review of policy, procedure, and practice; on review of documentation in medical, personnel and training records and training curricula; review of postings and handbooks; and on staff and detainee interviews.

Overall Rating: Meets Standard

Reviewer Name (Printed): (b)(6),(b)(7)(C)

Completion Date: 10/6/2016

Reviewer Signature (for printed form submission):

STANDARD 4.4. MEDICAL CARE (WOMEN) (Key: W)

This detention standard ensures that female detainees in U.S. Immigration and Customs Enforcement (ICE) custody have access to appropriate and necessary medical and mental health care.

Components	Rating	Remarks (1000 Char Max)
<p>1. PRIORITY: In addition to the medical, mental health, and dental services provided to every detainee as required by standard “4.3 Medical Care,” the facility directly or contractually provides its female detainees with access to:</p> <ul style="list-style-type: none"> • Pregnancy services, including pregnancy testing, routine or specialized prenatal care, postpartum follow up, lactation services, and abortion services, as outlined herein; • Counseling and assistance for pregnant women in keeping with their express desires in planning for their pregnancy, whether they desire abortion, adoptive services, or to keep the child; • Mental health assessments for all detainees who have recently given birth, miscarried, or terminated a pregnancy; and • Routine, age-appropriate, gynecological health care services, including women’s specific preventive care. 	N/A	This facility does not house female detainees.
<p>2. Within 12 hours of arrival, during their initial medical screening, all female detainees shall receive information on services related to women’s health care as provided for in this standard and standard “4.3 Medical Care.”</p>	N/A	This facility does not house female detainees.
<p>3. If the initial medical intake screening indicates the possibility of pregnancy, recent sexual assault, violence or history of mental health illness, an initial health appraisal shall be completed as soon as possible, but no more than 24 hours after arrival.</p>	N/A	This facility does not house female detainees.

STANDARD 4.4. MEDICAL CARE (WOMEN) (Key: W)		
This detention standard ensures that female detainees in U.S. Immigration and Customs Enforcement (ICE) custody have access to appropriate and necessary medical and mental health care.		
Components	Rating	Remarks (1000 Char Max)
<p>4. All initial health assessments of female detainees include a thorough evaluation and assessment of the reproductive system. In addition to the criteria listed on the health assessment form, the evaluation inquires about the following:</p> <ul style="list-style-type: none"> • Pregnancy testing and documented results; • If the detainee is currently nursing (breastfeeding); • Use of contraception; • Reproductive history (number of pregnancies, number of live births, number of spontaneous/elective abortions, pregnancy complications, etc.); • Menstrual cycle; • History of breast and gynecological problems; • Family history of breast and gynecological problems; and • Any history of physical or sexual victimization and when the incident occurred. <p>A pelvic and breast examination, pap test, baseline mammography, and sexually transmitted disease (STD) screening are offered and provided as deemed appropriate or necessary by the medical provider.</p>	N/A	This facility does not house female detainees.
<p>5. Female victims of sexual abuse are granted immediate access to emergency medical treatment and crisis intervention services. The facility provides access by giving detainees the current mailing addresses and telephone numbers, including toll-free hotline numbers, of local, state and/or national organizations that provide these services.</p>	N/A	This facility does not house female detainees.
<p>6. Upon request, appropriately trained medical personnel within their scope of practice provide detainees with non-directive (impartial) advice and consultation about family planning and birth control, and where medically appropriate, prescribe and dispense birth control.</p>	N/A	This facility does not house female detainees.

STANDARD 4.4. MEDICAL CARE (WOMEN) (Key: W)

This detention standard ensures that female detainees in U.S. Immigration and Customs Enforcement (ICE) custody have access to appropriate and necessary medical and mental health care.

Components	Rating	Remarks (1000 Char Max)
<p>7. PRIORITY: A pregnant woman or woman in post-delivery recuperation is not restrained absent truly extraordinary circumstances that render restraints absolutely necessary as documented by a supervisor or directed by the on-site medical authority. Restraints are never permitted on women who are in active labor or delivery. Restraints are not considered an option unless one or more of the following applies:</p> <ul style="list-style-type: none"> A medical officer has directed the use of restraints for medical reasons; Credible, reasonable grounds exist to believe the detainee presents an immediate and serious threat of hurting herself, staff, or others; or Reasonable grounds exist to believe the detainee presents an immediate and credible risk of escape that cannot be reasonably minimized through any other method. 	N/A	This facility does not house female detainees.
<p>8. In the rare event that restraints are used, medical staff determine the safest method and duration for the use of restraints, and the least restrictive restraints necessary shall be used. No detainee known to be pregnant shall be restrained in a face-down position with four-point restraints, on her back, or in a restraint belt that constricts the area of the pregnancy. All attempts are made to ensure that the detainee is placed on her left side if she is immobilized.</p>	N/A	This facility does not house female detainees.

STANDARD 4.4. MEDICAL CARE (WOMEN) – Reviewer Summary

(Use following format for dates: mm/dd/yyyy)

Overall Remarks: (Record significant facts, observations, other sources used, etc.) (5000 Character Max)

This facility does not house female detainees. However, female detainees may be transferred from the adjacent facility to this facility for purposes of court attendance or for medical observation in the infirmary only. All movement is frozen when female detainees are moved into, around, or out of the facility.

Overall Rating: N/A

Reviewer Name (Printed) (b)(6);(b)(7)(C)

Completion Date: 10/6/2016

Reviewer Signature (for printed form submission):

STANDARD 4.5. PERSONAL HYGIENE (Key: X)

This detention standard ensures that each detainee is able to maintain acceptable personal hygiene practices through the provision of adequate bathing facilities and the issuance and exchange of clean clothing, bedding, linens, towels, and personal hygiene items.

Components	Rating	Remarks (1000 Char Max)
1. Each detention facility shall have a written policy and procedures for the regular issuance and exchange of clothing, bedding, linens, towels, and personal hygiene items.	Meets Standard	Written policy and procedures provide for the regular issuance and exchange of clothing, bedding, linens, towels and personal hygiene items.
2. Clothing or shoes that are lost, unserviceable, indelibly stained, or bear offensive or otherwise unauthorized markings should be discarded and replaced as soon as practicable.	Meets Standard	Clothing or shoes that are worn out, stained, marked or lost are discarded and replaced.
3. All new detainees shall be issued clean, indoor/outdoor temperature-appropriate, size appropriate, presentable clothing during in-processing at no cost to the detainee. The standard issue of clothing is at least two uniform shirts and two pairs of uniform pants or two jumpsuits; two pairs of socks; two pairs of underwear; two brassieres, as appropriate; and one pair of facility-issued footwear.	Meets Standard	Newly arriving detainees are issued three pairs of pants, three shirts, one pair of shoes, three pairs of socks, three pairs of underwear, three t-shirts, and one sweatshirt. The clothing is clean and temperature and size appropriate.
4. Each detainee assigned to a special work area shall be clothed in accordance with the requirements of the job and, when appropriate, provided protective clothing and equipment.	Meets Standard	Detainees assigned to special work areas are clothed appropriately.
5. Staff shall provide male and female detainees personal hygiene items appropriate for their gender, including at a minimum, one bar of bath soap (or equivalent), comb, tube of toothpaste, toothbrush, bottle of shampoo (or equivalent), container of skin lotion, and feminine hygiene items, and shall replenish supplies as needed. The distribution of hygiene items shall not be used as reward or punishment.	Meets Standard	Personal hygiene items are provided as listed in this component. They are not used as reward or punishment. Female detainees are not housed at this facility.
6. Razors must be strictly controlled. Disposable razors will be provided to detainees on a daily basis. Razors will be issued and collected daily by staff.	Meets Standard	Disposable razors are strictly controlled. They are issued and collected daily by staff.
7. Female detainees shall be issued and may retain feminine hygiene items as needed.	N/A	Female detainees are not housed at this facility.
8. Detainees shall be provided an adequate number of toilets 24 hours per day that can be used without staff assistance when detainees are confined to their cells or sleeping areas.	Meets Standard	There are an adequate number of toilets that can be used independently, 24 hours per day.
9. An adequate number of washbasins with temperature controlled hot and cold running water 24 hours per day.	Meets Standard	There are an adequate number of washbasins with temperature controlled hot and cold running water that can be used independently, 24 hours per day.

STANDARD 4.5. PERSONAL HYGIENE (Key: X)

This detention standard ensures that each detainee is able to maintain acceptable personal hygiene practices through the provision of adequate bathing facilities and the issuance and exchange of clean clothing, bedding, linens, towels, and personal hygiene items.

Components	Rating	Remarks (1000 Char Max)
10. Operable showers that are thermostatically controlled to temperatures between 100 and 120 degrees Fahrenheit, to ensure safety and promote hygienic practices.	Meets Standard	Shower temperatures range from 109 to 120 degrees Fahrenheit. Temperatures are thermostatically controlled to prevent scalding and promote hygienic practices.
11. Detainees with disabilities shall be provided the facilities and support needed for self-care and personal hygiene in a reasonably private environment in which the individual can maintain dignity.	Meets Standard	Detainees with disabilities are provided with facilities and support as required by the component.
12. PRIORITY: Detainees shall be provided with clean clothing, linen and towels on the following basis: <ul style="list-style-type: none"> A daily change of socks and undergarments. An additional exchange of undergarments shall be made available to detainees if necessary for health or sanitation reasons. At least twice weekly exchange of outer garments (with a maximum of 72 hours between changes). At least weekly exchange of sheets, towels, and pillowcases. An additional exchange of bedding, linens, towels, or outer garments shall be made available to detainees if necessary for health or sanitation reasons, and more frequent exchanges of outer garments may be appropriate, especially in hot and humid climates. 	Meets Standard	Detainees are provided with clean linens, clothing and towels as listed in the bulleted items.

STANDARD 4.5. PERSONAL HYGIENE – Reviewer Summary

(Use following format for dates: mm/dd/yyyy)

Overall Remarks: (Record significant facts, observations, other sources used, etc.) (5000 Character Max)

The facility maintains an excess clothing inventory of at least two hundred percent of the maximum funded detainee capacity. Personal items of clothing are not permitted, except in storage.

Toilets are provided at a minimum ratio of 1:8. Washbasins are provided at a minimum ratio of 1:8. Showers are provided at a minimum ratio of 1:12. The facility periodically measures and documents water temperature. Detainees are provided with a reasonably private environment in accordance with safety and security needs.

Bedding, linens and towels are issued as follows: one mattress, two blankets and one pillow, two sheets and one pillowcase, and one towel. Clothing exchanges are on a one-for-one basis.

Detainees are able to maintain acceptable personal hygiene through the provision of adequate and temperature appropriate bathing facilities and the exchange of clean clothing, linens and towels. Evaluation of the standard was based on observations, review of policy and procedure, and staff and detainee interviews.

Overall Rating: Meets Standard

STANDARD 4.5. PERSONAL HYGIENE – Reviewer Summary	
<i>(Use following format for dates: mm/dd/yyyy)</i>	
Reviewer Name (Printed) (b)(6),(b)(7)(C)	Completion Date: 10/6/2016
Reviewer Signature (for printed form submission):	

STANDARD 4.6. SIGNIFICANT SELF-HARM AND SUICIDE PREVENTION AND INTERVENTION (Key: Y)

This detention standard protects the health and well-being of ICE detainees through a comprehensive Significant Self-Harm and Suicide Prevention and Intervention Program that minimizes risk.

Components	Rating	Remarks (1000 Char Max)
<p>1. PRIORITY: The facility has a written suicide prevention and intervention program that is reviewed and approved by the clinical health authority, approved and signed by the administrative health authority and Facility Administrator and reviewed annually.</p> <p>At a minimum, the Program shall include procedures to address suicidal detainees. Key components of this program include:</p> <ul style="list-style-type: none"> • Staff training, • Identification, • Referral, • Evaluation, • Treatment, • Housing, • Monitoring, • Communication, • Intervention, • Notification and reporting, • Review, and • Debriefing. 	Meets Standard	The written suicide prevention and intervention program, which is reviewed and approved annually by the medical director, the HSA and the IOC, addresses all of the requirements listed in this component.
<p>2. PRIORITY: All facility staff who interact with and/or are responsible for detainees are trained, during orientation and at least annually on the facility's Suicide Prevention and Intervention Program, to include:</p> <ul style="list-style-type: none"> • Why the environments of detention facilities are conducive to suicidal behavior, • Standard first aid training, cardiopulmonary resuscitation (CPR) training and training in the use of emergency equipment, • Liability issues associated with detainee suicide, • Recognizing verbal and behavioral cues that indicate potential suicide, • Demographic, cultural, and precipitating factors of suicidal behavior, • Responding to suicidal and depressed detainees, • Communication between correctional and health care personnel, • Necessary referral procedures, • Housing observation and suicide-watch procedures, • Follow-up monitoring of detainees who have attempted suicide, and • Reporting and written documentation procedures. 	Meets Standard	Employees are trained during initial orientation and annually on suicide prevention and intervention. Training addresses all of the bulleted items listed in this component.

STANDARD 4.6. SIGNIFICANT SELF-HARM AND SUICIDE PREVENTION AND INTERVENTION (Key: Y)

This detention standard protects the health and well-being of ICE detainees through a comprehensive Significant Self-Harm and Suicide Prevention and Intervention Program that minimizes risk.

Components	Rating	Remarks (1000 Char Max)
3. PRIORITY: Detainees who are identified as being "at risk" for significant self-harm or suicide shall immediately be referred to a mental health provider, who shall evaluate the detainee within 24 hours of the referral.	Meets Standard	Medical record review confirmed that detainees who are identified as being "at risk" are immediately referred to one of the mental health providers and evaluated within 24 hours of referral.
4. Evaluation by a mental health provider of detainees who are identified as being "at risk" for significant self-harm or suicide will be documented in the medical record and include: <ul style="list-style-type: none"> • Relevant history, • Environmental factors, • Lethality of suicide plan, • Psychological factors, • A determination of level of suicide risk, • Level of supervision needed, • Referral/transfer for inpatient care (if needed), • Instructions to medical staff for care, and • Reassessment time frames. 	Meets Standard	Medical record review confirmed that evaluations of detainees who are identified as being "at risk" are documented and include all bulleted items.
5. Detainees who are placed on suicide watch are to be re-evaluated by appropriately trained and qualified medical staff on a daily basis and this re-evaluation is documented in the detainee's medical record. Only the mental health professional, clinical medical authority, or designee may terminate a suicide watch after a current suicide risk assessment is completed.	Meets Standard	Detainees on suicide watch are re-evaluated daily by appropriate medical/mental health staff. The evaluation is documented in the medical record. Only qualified medical/mental health staff may terminate a suicide watch after risk assessment completion.
6. PRIORITY: Suicidal detainees should be closely supervised in a setting that minimizes opportunities for self-harm. The isolation room designed for evaluation and treatment must be free of objects or structural elements that could facilitate a suicide attempt, and security staff shall ensure that the area for suicide observation is initially inspected so that there are no objects that pose a threat to the detainee's safety. A suicidal detainee may be placed in the Special Management Unit only if space has been approved for this purpose by medical staff and such space allows for unobstructed observation.	Meets Standard	Per policy and practice, any detainee determined to be in need of suicide watch or observation status is placed in an observation room in the infirmary. Inspection of the room indicated it has been made as suicide resistant as possible. The room is initially inspected by security before detainee placement.

STANDARD 4.6. SIGNIFICANT SELF-HARM AND SUICIDE PREVENTION AND INTERVENTION (Key: Y)

This detention standard protects the health and well-being of ICE detainees through a comprehensive Significant Self-Harm and Suicide Prevention and Intervention Program that minimizes risk.

Components	Rating	Remarks (1000 Char Max)
7. A detainee placed in a special isolation room designed for evaluation and treatment must receive continuous one-to-one monitoring, documented every 15 minutes or more frequently if necessary. Detainees not placed in an isolated confinement setting must receive documented close observation at staggered intervals not to exceed 15 minutes.	Meets Standard	All detainees on suicide watch are monitored via one-on-one direct observation by security officers who make a notation every fifteen minutes on the monitoring checklist.
8. All detainees on suicide precautions are checked at least every 8 hours by clinical staff, and provided daily mental health treatment by a qualified clinician.	Meets Standard	Detainees on suicide watch are checked at least every eight hours by medical staff and provided daily mental health treatment by a qualified clinician.
9. Detainees are provided suicide smocks to wear when medically indicated, and under circumstances are held without clothing.	Meets Standard	Detainees on suicide watch are provided with a suicide resistant smock, mattress and blanket.
10. Following a suicide attempt, security staff shall initiate and continue appropriate life-saving measures until relieved by arriving medical personnel.	Meets Standard	Following a suicide attempt, policy requires that all personnel initiate and continue lifesaving efforts until properly relieved by qualified medical providers.
11. In the event of a suicide attempt or a completed suicide, all appropriate ICE and IHSC officials shall be notified through the chain of command. The victim's family and appropriate outside authorities, as appropriate, shall also be immediately notified. Medical staff shall complete an Incident Report Form within 24 hours.	Meets Standard	In the event of a suicide attempt or a completed suicide, all appropriate notifications are made immediately. Medical staff members complete an incident report form within 24 hours.
12. Every completed suicide shall be subject to a mortality review process. A critical incident debriefing shall be provided to all affected staff and detainees within 24 to 72 hours after the critical incident.	Meets Standard	Following any death, to include a completed suicide, a mortality review is required. Critical incident debriefing is offered to affected staff and detainees within 24 to 72 hours.

STANDARD 4.6. SIGNIFICANT SELF-HARM AND SUICIDE PREVENTION AND INTERVENTION – Reviewer Summary

(Use following format for dates: mm/dd/yyyy)

Overall Remarks: (Record significant facts, observations, other sources used, etc.) (5000 Character Max)

Personnel are trained that the practice of "contracting for safety" is not used at the facility. When medical personnel determine that a detainee is at imminent risk of bodily injury, they may recommend hospitalization for the purposes of evaluation or treatment. After referral for evaluation and pending transfer, security personnel place the detainee in a secure environment in the infirmary on a constant one-to-one visual observation.

Based on an evaluation, a mental health provider or trained medical personnel develop a documented treatment plan that is placed in the medical record. The treatment plan includes strategies and interventions to be followed by staff and the detainee if suicidal ideation reoccurs; strategies for improved functioning; and regular follow-up appointments based on level

STANDARD 4.6. SIGNIFICANT SELF-HARM AND SUICIDE PREVENTION AND INTERVENTION – Reviewer Summary*(Use following format for dates: mm/dd/yyyy)*

of acuity.

When a staff member identifies someone who is at risk of significant self-harm or suicide, the detainee is placed on suicide precautions and is immediately referred to a qualified mental health professional. Deprivations and restrictions placed on suicidal detainees are kept to a minimum.

Any detainee who is believed to be in need of seclusion, and/or restraint due to self-harming or suicidal behavior is transferred to a psychiatric hospital, if deemed medically necessary to appropriately treat the needs of the detainee. After discharge from suicide watch, detainees are re-assessed by qualified medical staff members at intervals consistent with the level of acuity.

Per the DO, when transferred into ICE custody, ICE inquires into any known prior suicidal behaviors, and if identified, ICE ensures detainee safety pending medical provider evaluation.

The physician is notified when the detainee is referred to the local hospital emergency room.

In the event of a suicide attempt or completed suicide, all personnel who came into contact with the detainee before the incident submit statements including their knowledge of the detainee and the incident.

There have been no serious suicide attempts or suicides since the last inspection. Evaluation of the standard was based on review of policy, procedure, training curricula and training records and on staff interviews.

Overall Rating: Meets Standard

Reviewer Name (Print)

(b)(6),(b)(7)(C)

Completion Date: 10/6/2016

Reviewer Signature (for printed form submission):

STANDARD 4.7. TERMINAL ILLNESS, ADVANCE DIRECTIVES, AND DEATH (Key: Z)

This detention standard ensures that each facility's continuum of health care services addresses terminal illness and advance directives, and provides specific guidance in the event of a detainee's death.

Standard N/A

Click the above button if the facility does not accept ICE detainees who are severely or terminally ill. ALWAYS complete all references to detainee death and related notifications. (All Line Items and standard will be rated "N/A")

Components	Rating	Remarks (1000 Char Max)
1. When a detainee's medical condition becomes life-threatening, he/she is transferred to an appropriate off-site medical or community facility, if necessary. The facility's clinical medical authority or health services administrator immediately notifies the facility administrator and/or ICE/ERO Field Office Director (FOD) of the detainee's condition both verbally and in writing, describing the detainee's illness and prognosis. The facility administrator or designee immediately notifies ICE/ERO and IHSC.	Meets Standard	If a detainee's medical condition becomes life threatening, he is transferred to a more appropriate medical or detention facility. If a detainee housed in the facility becomes seriously ill, the OIC and AFOD are notified as required.
2. The FOD or designee shall immediately notify (or make reasonable efforts to notify) the detainee's next-of-kin of the medical condition and status, the detainee's location, and the visiting hours and rules at that location, in a language or manner which they can understand.	Meets Standard	When a detainee becomes seriously or terminally ill, medical personnel notify the OIC and AFOD of the detainee's medical condition. ICE notifies the next of kin regarding the detainee's location and visiting restrictions in a comprehensible language or manner.
3. Once a detainee is diagnosed as having a terminal illness or remaining life expectancy of less than one year, medical staff offer the detainee access to forms or other related materials on Advance Directives or Living Wills. When the detainee is at an off-site facility, that facility is expected to assist the detainee in completing an Advance Directive and/or Living Will. All facilities shall use the State Advance Directive form (in which the facility is located) for implementing Living Wills and Advance Directives.	Meets Standard	Detainees are offered access to State of California advance directive and living will forms. When the detainee is housed in an off-site facility, that facility is expected to assist the detainee in completing the forms.
4. When the terms of the advanced directive must be implemented the medical professional overseeing the detainee's care will contact the appropriate ICE/ERO representative.	Meets Standard	When an advance directive must be implemented, policy requires the medical professional overseeing the detainee's care to notify ICE personnel.
5. Each facility holding detainees shall establish written policy and procedures governing DNR orders in accordance with the laws of the state in which the facility is located.	Meets Standard	There are written policies and procedures regarding do not resuscitate (DNR) orders. Policy requires compliance with California state laws.
6. Health care will continue to be provided consistent with the DNR order.	Meets Standard	Health care is provided consistent with the DNR order.

STANDARD 4.7. TERMINAL ILLNESS, ADVANCE DIRECTIVES, AND DEATH (Key: Z)

This detention standard ensures that each facility's continuum of health care services addresses terminal illness and advance directives, and provides specific guidance in the event of a detainee's death.

Standard N/A

Click the above button if the facility does not accept ICE detainees who are severely or terminally ill. ALWAYS complete all references to detainee death and related notifications. (All Line Items and standard will be rated "N/A")

Components	Rating	Remarks (1000 Char Max)
7. The detainee's medical file shall include documentation validating the DNR order.	Meets Standard	Documentation validating a DNR order is contained in the medical record.
8. The facility shall follow written procedures for notifying attending medical staff of the DNR order.	Meets Standard	Policy details the written procedures for facility medical staff to notify attending medical staff of a detainee's DNR order.
9. The facility has procedures to address the issues of organ donation by detainees.	Meets Standard	There are procedures addressing organ donation.
10. Each facility shall have written policy and procedures that are followed to notify ICE/ERO officials, next-of-kin, and consulate officials of a detainee's death while in custody.	Meets Standard	There are written policies and procedures regarding death notifications.
11. Within seven calendar days of the date of notification (in writing or in person), the family shall have the opportunity to claim the remains.	Meets Standard	Per the DO, within seven calendar days of the date of notification of a detainee's death, the family has the opportunity to claim the remains.
12. If family members cannot be located or decline orally or in writing to claim the remains, ICE/ERO shall notify the consulate.	Meets Standard	Per the DO, if family members cannot claim the remains, ICE notifies the consulate.
13. The facility administrator shall specify policy and procedures regarding responsibility for proper distribution of the death certificate.	Meets Standard	Policy establishes procedures for proper distribution of the death certificate.
14. The facility's written procedures for autopsies shall address, at a minimum: <ul style="list-style-type: none"> • Contacting the local coroner or medical examiner, in accordance with established guidelines and applicable laws; • Scheduling the autopsy; • Identifying the person who will perform the autopsy; • Obtaining the official death certificate, and • Transporting the body to the coroner or medical examiner's office. 	Meets Standard	Written procedures address the bulleted items. The San Bernardino County Coroner makes autopsy decisions.
15. Medical staff shall arrange for the approved autopsy to be performed by the local coroner or medical examiner in accordance with established guidelines and applicable laws.	Meets Standard	Medical personnel request an autopsy in accordance with applicable guidelines and laws.

STANDARD 4.7. TERMINAL ILLNESS, ADVANCE DIRECTIVES, AND DEATH – Reviewer Summary*(Use following format for dates: mm/dd/yyyy)***Overall Remarks:** *(Record significant facts, observations, other sources used, etc.) (5000 Character Max)*

When a detainee is hospitalized, the HSA follows up on a daily basis to receive information about major developments. In conjunction with medical providers, ICE provides family members and any others as much opportunity for visitation as possible, in keeping with the safety, security and good order of the facility.

Advance directive guidelines include having a living will other than the generic form made available by medical staff; appointing another individual to make advance decisions for the detainee; and having a private attorney prepare the documents at the detainee's expense.

DNR policy complies with the following stipulations: A DNR order is written by the physician; it protects basic patient rights and complies with state requirements; a decision to withhold resuscitative services is considered only under specified conditions (the detainee has a terminal illness, the detainee has requested and signed the order, the decision is consistent with sound medical practice and is not in any way associated with any measures to hasten death); the medical file includes explicit directions regarding DNR and forms and memoranda regarding diagnosis and prognosis, express wishes of the detainee, immediate family's wishes, consensual decisions and recommendations of medical professionals identified by name and title, mental competency evaluation and informed consent; a detainee with a DNR order receives all therapeutic efforts short of resuscitation; and the physician or HSA notifies the IHSC medical director and the ICE Office of Chief Counsel of the basic circumstances of any detainee with a DNR order.

Procedures for organ donation include: the organ recipient is an immediate family member; no blood or blood products are donated; all costs are at the expense of the detainee; the detainee signs a statement documenting his decision to donate the organ to a specific family member, his understanding of the risks, that the decision is undertaken without coercion or duress, and that the government is not responsible for any resulting medical complications or financial obligations; medical staff assist in the preliminary medical evaluation; and the facility coordinates arrangements for the donation.

The facility turns over the property of a deceased detainee to ICE within a week. ICE gives the property of deceased detainees to the next-of-kin within two weeks, unless it is being held as part of an investigation.

ICE may assist the family with transporting the remains to a location in the U.S. If neither family nor consulate claims the remains, ICE schedules an indigent's burial, after contacting the Department of Veterans Affairs to determine burial benefits. ICE does not authorize cremation or donation of the remains for medical research. The original death certificate is sent to the person who claims the remains and a certified copy is placed in the A-file. While an autopsy decision is pending, no actions are taken that could affect the validity of the results. Per ICE, the FOD verifies and accommodates the detainee's religious preference prior to autopsy or embalming.

There was one death at the facility in the past year. A 54-year-old Hispanic male arrived at the facility on 06/22/2015, with no significant health history. He complained of chest pain on 12/19/2015, and after being evaluated was transferred to St. Mary's Hospital, where he was admitted. He succumbed to cardiac arrest on 12/23/2015.

Policy and procedure address terminal illness, advance directives, DNR orders, organ donation, death in custody, reporting requirements and disposition of the body. Evaluation of the standard was based on review of policy, procedure and incident reports; and on staff interviews.

Overall Rating: Meets Standard**Reviewer Name (Printed):** (b)(6),(b)(7)(C)**Completion Date:** 10/6/2016**Reviewer Signature (for printed form submission):**

Section V: ACTIVITIES

Correspondence and Other Mail
Escorted Trips for Non-Medical Emergencies
Marriage Requests
Recreation
Religious Practices
Telephone Access
Visitation
Voluntary Work Program

STANDARD 5.1. CORRESPONDENCE AND OTHER MAIL (Key: AA)

This detention standard ensures that detainees shall be able to correspond with their families, the community, legal representatives, government offices, and consular officials consistent with the safe and orderly operation of the facility.

Components	Rating	Remarks (1000 Char Max)
1. Each facility shall have written policy and procedures concerning detainee correspondence and other mail.	Meets Standard	Policy delineates procedures for the effective administration of detainee mail. Practice is consistent with the policy.
2. PRIORITY: A detainee is considered "indigent" if he or she has less than \$15.00 in his or her account. Indigent detainees will be permitted to mail a reasonable amount of mail each week at government expense, as determined by the ICE/ERO, including the following: <ul style="list-style-type: none"> An unlimited amount of special correspondence or legal mail, within reason. At least three pieces of general correspondence. Packages as deemed necessary by ICE. Each facility shall have written procedures that explain how indigent detainees can request postage at government expense.	Meets Standard	All the elements of this component are satisfied through practice and policy.
3. The facility shall notify detainees of its rules on correspondence and other mail through the Detainee Handbook, or supplement, provided to each detainee upon admittance, and shall post those rules in each housing area.	Meets Standard	The local handbook addresses the rules for mail and other correspondence. Mail rules are posted in the housing units.
4. The facility shall provide key information to detainees in languages spoken by any significant portion of the facility's detainee population.	Meets Standard	All information is provided in English, Spanish, and other languages as needed.
5. PRIORITY: Detainee correspondence and other mail shall be delivered to the detainee and to the postal service on regular schedules. <ul style="list-style-type: none"> Incoming correspondence shall be distributed to detainees within 24 hours (one business day) of receipt by the facility. Outgoing correspondence shall be delivered to the postal service no later than the day after it is received by facility staff or placed by the detainee in a designated mail depository, excluding weekends and holidays. 	Meets Standard	Incoming mail is delivered to detainees no later than one business day from when it is received by the facility. Outgoing mail is delivered to the postal service no later than one business day after it is received by the facility.
6. All facilities shall implement procedures for the inspection of all incoming general correspondence and other mail (including packages and publications) for contraband in the presence of the detainee (unless otherwise authorized by the facility administrator).	Meets Standard	Incoming mail is inspected in the presence of the detainee.

STANDARD 5.1. CORRESPONDENCE AND OTHER MAIL (Key: AA)

This detention standard ensures that detainees shall be able to correspond with their families, the community, legal representatives, government offices, and consular officials consistent with the safe and orderly operation of the facility.

Components	Rating	Remarks (1000 Char Max)
7. All facilities shall implement procedures for inspecting incoming special correspondence and legal mail for contraband in the presence of the detainee. Detainees shall sign a logbook upon receipt of special correspondence and/or legal mail to verify that the special correspondence or legal mail was opened in their presence. Incoming special correspondence and legal mail may not be read.	Meets Standard	
8. Outgoing special correspondence and legal mail shall not be opened, inspected, or read.	Meets Standard	Outgoing special correspondence is not opened, inspected or read.
9. All facilities shall implement policies and procedures addressing acceptable and non-acceptable mail.	Meets Standard	Policy and procedure address acceptable and non-acceptable mail.
10. When an officer finds an item that must be removed from a detainee's mail, he or she shall make a written record.	Meets Standard	Mail room employees document items removed from detainee mail on a local form designed for that purpose.
11. Prohibited items discovered in the mail shall be handled as follows: <ul style="list-style-type: none"> A receipt shall be issued to the detainee for all cash, which shall be safeguarded and credited to the detainee's account in accordance with the Detention Standard on Funds and Personal Property. Identity documents, such as passports, birth certificates, etc., shall be placed in the detainee's A-file. Upon request, the detainee shall be provided with a copy of the document, certified by an ICE/ERO officer to be a true and correct copy. 	Meets Standard	
12. The facility shall provide a postage allowance at government expense to all detainees, if the facility does not have a system for detainees to purchase stamps.	Meets Standard	Detainees may purchase postage through the commissary.
13. The facility shall provide writing paper, envelopes, and writing implements at no cost to ICE detainees.	Meets Standard	The items mentioned in this component are available from the housing unit officers.
14. All facilities shall have written policy and procedures regarding mail privileges for detainees housed in a Special Management Unit.	Meets Standard	Policy states, and practice ensures, that detainees in special management units have the same mail privileges as detainees housed in general population.

STANDARD 5.1. CORRESPONDENCE AND OTHER MAIL – Reviewer Summary

(Use following format for dates: mm/dd/yyyy)

STANDARD 5.1. CORRESPONDENCE AND OTHER MAIL – Reviewer Summary*(Use following format for dates: mm/dd/yyyy)***Overall Remarks:** *(Record significant facts, observations, other sources used, etc.) (5000 Character Max)*

Detainees may correspond with family, friends, legal representatives, and others without restriction, within the parameters of safety and security.

The quantity of correspondence a detainee may send or receive at his own expense is not limited. Detainees are not limited to postcards. The detainee handbook explains how to obtain writing implements, paper and envelopes, and how indigent detainees can request postage at government expense.

Incoming priority mail, overnight mail, certified mail and deliveries from a private package service are recorded in a logbook. Detainees must sign for these deliveries. Packages and publications are subject to restrictions as defined by policy. Detainees are not permitted to send or receive packages without the prior approval of the OIC or designee. Detainees must pay postage for packages and oversized or overweight mail.

Mail is inspected only for the purposes of security. Reading of the mail must be authorized by the OIC. Outgoing mail is only inspected if necessary for security purposes. Rejected mail is either placed in the detainee's property or, if considered contraband, handled in accordance with the contraband standard. The sender and the addressee are provided a written explanation when mail is rejected. A detainee may send a request form if they disagree with a decision to reject their mail. Contraband records are accurate and current.

Correspondence to or from the news media is considered special correspondence if properly identified. Detainees may not receive compensation or anything of value for correspondence with the media and may not act as a reporter or publish under a byline.

The facility provides assistance to any detainee without legal representation who requests certain services in connection with a legal matter, such as notary services, certified mail, etc., if there is no family member, friend, or community organization able to provide assistance. If facsimile services are requested by a detainee for more timely communication, those requests would be referred to ICE.

During the evaluation of this standard, policy and the detainee handbook were reviewed, postings in the housing units were examined, the special correspondence log was inspected, and employees and detainees were interviewed.

Overall Rating: Meets Standard**Reviewer Name (Printed)** (b)(6),(b)(7)(C)**Completion Date:** 10/6/2016**Reviewer Signature (for printed form submission):**

STANDARD 5.2. TRIPS FOR NON-MEDICAL EMERGENCIES (Key: AB)

This detention standard permits detainees to maintain ties with their families through emergency staff-escorted trips into the community to visit critically ill members of the immediate family or to attend their funerals.

Standard N/A

Click the above button if all ICE Non-Medical Emergency Escorted Trips are handled only by the ICE Field Office or Sub-Office in control of the detainee case. (All Line Items and standard will be rated "N/A")

Components	Rating	Remarks (1000 Char Max)
1. On a case-by-case basis, and with approval of the respective Field Office Director, the facility administrator may allow a detainee, under ICE/ERO staff escort: <ul style="list-style-type: none"> To visit a critically ill member of his or her immediate family To attend an immediate-family member's funeral and/or wake To attend a family-related state court proceeding. 	N/A	
2. Facility staff assist detainees in preparing requests for non-medical emergency trip requests. The Field Office Director is the approving official for all non-medical escorted trips.	N/A	
3. Escorts shall ensure that detainees with physical or mental disabilities are provided reasonable accommodations in accordance with security and safety concerns.	N/A	

STANDARD 5.2. TRIPS FOR NON-MEDICAL EMERGENCIES – Reviewer Summary

(Use following format for dates: mm/dd/yyyy)

Overall Remarks: (Record significant facts, observations, other sources used, etc.) (5000 Character Max)

All non-medical emergency trips are handled by ICE.

Overall Rating: N/A

Reviewer Name (Printed)

(b)(6),(b)(7)(C)

Completion Date: 10/6/2016

Reviewer Signature (for printed form submission):

STANDARD 5.3. MARRIAGE REQUESTS (Key: AC)

This detention standard ensures that each marriage request from an ICE/ERO detainee receives a case-by-case review, based on internal guidelines for approval of such requests.

Components	Rating	Remarks (1000 Char Max)
1. All facilities shall have in place written policy and procedures to enable eligible ICE/ERO detainees to marry.	Meets Standard	Policy establishes procedures for detainees to marry. The handbook outlines the marriage request process.
2. A detainee, or his or her legal representative, may submit the request for permission to marry to the facility administrator or Field Office Director in writing.	Meets Standard	Policy requires that detainees must submit written marriage requests to the OIC or directly to ICE.
3. The Field Office Director or Facility Administrator considers detainee marriage requests on a case-by-case basis.	Meets Standard	The AFOD considers marriage requests on a case-by-case basis.
4. The facility administrator or designated Field Office staff shall notify the detainee in a timely manner of a time and place for the ceremony.	Meets Standard	The OIC notifies the detainee in a timely manner of the time and place for the marriage ceremony.
5. Once the marriage has taken place, the facility administrator shall forward original copies of all documentation to the detainee's A-file and maintain copies in the facility's detention File.	Meets Standard	

STANDARD 5.3. MARRIAGE REQUESTS – Reviewer Summary

(Use following format for dates: mm/dd/yyyy)

Overall Remarks: (Record significant facts, observations, other sources used, etc.) (5000 Character Max)

The facility has policy and procedures outlining the marriage request process. All marriage requests receive case-by-case consideration by the AFOD. If the marriage request is approved, the OIC and ICE staff coordinates arrangements for detainee marriages to be held at the facility. There have been sixteen requests for marriage, with twelve marriages being approved.

ICE will notify the OIC, and the OIC will notify the detainee in writing of the reasons for the denial within thirty days from the date of request.

ICE personnel do not participate in making marriage arrangements nor serve as witnesses in the ceremony. The marriage does not interrupt nor stay any hearing, transfer to another facility or removal from the United States and transfers do not occur solely to prevent a marriage.

Arrangements made by ICE are consistent with the security and orderly operation of the facility. All expenses relating to the marriage are borne by the detainee or person acting on the detainee's behalf. The ceremony is private with no media publicity and only individual's essential for the marriage ceremony may attend.

The FOD has the right of final approval concerning the time, place and manner of all arrangements. The FOD may revoke approval of a marriage request for good cause and notifies the detainee in writing. The detainee may file an appeal in such instances. Evaluation of this standard was based on a review of policy and pertinent documentation, and interviews with ICE staff and the assistant superintendent of programs.

Overall Rating: Meets Standard

Reviewer Name (Print): (b)(6),(b)(7)(C)

Completion Date: 10/6/2016

Reviewer Signature (for printed form submission):

STANDARD 5.4. RECREATION (Key: AD)

This detention standard ensures that each detainee has access to recreational and exercise programs and activities, within the constraints of safety, security, and good order.

Components	Rating	Remarks (1000 Char Max)
1. The facility provides an indoor recreation program.	Meets Standard	
2. The facility provides an outdoor recreation program.	Meets Standard	
3. PRIORITY: If outdoor recreation is available at the facility, each detainee shall have access for at least one hour daily, at a reasonable time of day, weather permitting. Detainees shall have access to clothing appropriate for weather conditions. If only indoor recreation is available, detainees shall have access for at least one hour each day to a large recreation room with exercise equipment and access to natural sunlight. All detainees participating in outdoor recreation shall have access to drinking water and toilet facilities.	Meets Standard	Detainees are offered both indoor and outdoor recreation at the facility. Detainees have access to outdoor recreation for approximately four hours per day, seven days per week. The detainees have access to drinking water and toilet facilities as needed. Additional clothing is made available for periods of inclement weather.
4. If a detainee is housed for more than 10 days in a facility that provides neither indoor nor outdoor recreation, he or she may be eligible for a voluntary transfer to a facility that does provide recreation. Likewise, if a detainee is housed for more than three months in a facility that provides only indoor recreation, he or she may be eligible for a voluntary transfer to a facility that also provides outdoor recreation.	N/A	The facility provides indoor and outdoor recreation.
5. PRIORITY: All facilities shall have an individual responsible for the development and oversight of the recreation program. Every facility with a rated capacity of 350 or more detainees shall employ a full-time recreation specialist with special training in implementing and overseeing a recreation program, who assesses the needs and interests of the detainees.	Meets Standard	The facility's recreation specialist (RS) oversees the recreation program activities. Recreational programs are diverse and are based on the needs and interests of the detainees. The average population count during the inspection was 1217 ICE detainees.
6. All facilities shall provide recreational opportunities for detainees with disabilities.	Meets Standard	
7. Exercise areas shall offer a variety of equipment. Weight training, if offered, must be limited to fixed equipment. Free weights are prohibited.	Meets Standard	The facility offers walking, soccer, handball, basketball and stationary exercise equipment. There are no free weights at the facility.
8. Cardiovascular exercise shall be available to detainees for whom outdoor recreation is unavailable.	Meets Standard	

STANDARD 5.4. RECREATION (Key: AD)

This detention standard ensures that each detainee has access to recreational and exercise programs and activities, within the constraints of safety, security, and good order.

Components	Rating	Remarks (1000 Char Max)
9. PRIORITY: Dayrooms in general population housing units shall offer board games, television, and other sedentary activities. Detention personnel shall supervise dayroom activities, distributing games and other recreation materials daily.	Meets Standard	Housing unit dayrooms offer board games, cards, dominos, checkers and television. On weekends detainees have access to up to four movies and four X-Box games. Recreation activities are under the constant supervision of staff.
10. Recreational activities shall be based on the facility's size and location. With the facility administrator's approval, recreational activities may include limited-contact sports, such as soccer, basketball, volleyball, and table games, and may extend to intramural competitions among units.	Meets Standard	Outdoor recreational activities include basketball, soccer, walking, handball and stationary exercise equipment. The recreation department does not allow intramural games/competitions between units. Detention officers supervise all recreational activities.
11. Recreation areas shall be under continuous supervision by staff equipped with radios or other communication devices to maintain contact with the Control Center.	Meets Standard	
12. PRIORITY: Recreation for detainees housed in the SMU shall be separate from the general population. Detainees in the SMU for administrative reasons shall be offered at least one hour of exercise opportunities per day, seven days a week, outside their cells, and outdoors when practicable, and scheduled at a reasonable time. Detainees in the SMU for disciplinary reasons shall be offered at least one hour of recreation per day, five days per week, outside their cells, and outdoors when practicable, and scheduled at a reasonable time. Where cover is not provided to mitigate inclement weather, detainees shall be provided weather-appropriate equipment and attire.	Meets Standard	Detainees housed in the special management unit (SMU) for administrative reasons are offered seven hours a day, seven days a week, outside of their cell and outdoor recreation when practicable. Detainees in the SMU for disciplinary reasons receive at least one hour of recreation per day, seven days per week. SMU recreation is held between the hours of 6:00 a.m. and 6:00 p.m. The recreation is separate from the general population and weather-appropriate clothing is provided during inclement weather.
13. Each detainee in a Special Management Unit (SMU) shall be offered access to exercise opportunities and equipment outside the living area and outdoors, when practicable, unless documented security, safety or medical considerations dictate otherwise.	Meets Standard	

STANDARD 5.4. RECREATION (Key: AD)

This detention standard ensures that each detainee has access to recreational and exercise programs and activities, within the constraints of safety, security, and good order.

Components	Rating	Remarks (1000 Char Max)
14. When a detainee in an SMU is deprived of recreation (or any usual authorized items or activity), a written report of the action is forwarded to the facility administrator. Denial of recreation must be evaluated daily by a shift supervisor.	Meets Standard	Per policy, if a detainee is denied recreation privileges at the facility a written report will be forwarded to the OIC and to ICE. The detainee's status will be reviewed daily. There have been no recreation denials during the inspection period.
15. When recreation privileges are suspended, the disciplinary panel or facility administrator shall provide the detainee written notification, documentation of the reason for the suspension, any conditions that must be met before restoration of privileges, and the duration of the suspension provided the requisite conditions are met for its restoration.	Meets Standard	
16. The case of a detainee denied recreation privileges shall be reviewed at least once each week as part of the reviews required for all detainees in SMU status.	Meets Standard	Per policy, if a detainee is denied recreation privileges at the facility, the detainee's status will be reviewed daily.
17. Denial of recreation privileges for more than 7 days requires the concurrence of the facility administrator and a health care professional.	Meets Standard	
18. The facility shall notify the ICE/ERO Field Office in writing when a detainee's denied recreation privileges exceeds 7 days.	Meets Standard	

STANDARD 5.4. RECREATION – Reviewer Summary

(Use following format for dates: mm/dd/yyyy)

Overall Remarks: (Record significant facts, observations, other sources used, etc.) (5000 Character Max)

The facility provides access to recreational programs and indoor and outdoor recreation activities, within the constraints of safety, security and good order. The RS has oversight of the recreation program.

Both the indoors and outdoors recreation exercise areas provide the appropriate square footage for detainees to comfortably participate in recreation at the facility. The indoor recreation areas have at least eighteen-foot ceilings.

Per policy, the facility does not require detainees to forgo basic law library privileges for recreation privileges. Officers search the recreation areas before and after each use to detect altered or damaged equipment, hidden contraband, and security breaches. All recreational issued equipment is checked for damage and general condition by officers. Searches of detainees moving from locked areas are conducted in accordance with the standard.

The facility OIC has established policy and procedures for television viewing in housing units dayrooms. All television viewing schedules are subject to the facility superintendent's approval.

Volunteers are not used in the recreation program. Detainees are utilized as orderlies in the recreation program. Per policy, all persons wanting to volunteer at the facility must be approved prior to coming into contact with a detainee, to include advance notice, identification, a background check, an orientation to the facility, and sign a written agreement to comply with

STANDARD 5.4. RECREATION – Reviewer Summary

(Use following format for dates: mm/dd/yyyy)

applicable rules and procedures. The evaluation was based on review of policy and procedures, staff and detainee interviews and on-site observation.

Overall Rating: Meets Standard

Reviewer Name (Printed): (b)(6);(b)(7)(C)

Completion Date: 10/6/2016

Reviewer Signature (for printed form submission):

STANDARD 5.5. RELIGIOUS PRACTICES (Key: AE)

This detention standard ensures that detainees of different religious beliefs are provided reasonable and equitable opportunities to participate in the practices of their respective faiths, constrained only by concerns about safety, security, and the orderly operation of the facility.

Components	Rating	Remarks (1000 Char Max)
1. PRIORITY: Detainees have opportunities to engage in practices of their religious faiths (including observance of important holy days, observance of special diets, and use of personal religious property) consistent with safety, security, and the orderly operation of the facility. Attendance at all religious activities is voluntary.	Meets Standard	Religious services are provided in English, Spanish and Chinese. The facility accommodates recognized holy day observances, provides special meals and allows detainees to use personal religious property. Participation in religious services is voluntary. Facility policy establishes procedures for providing language assistance for religious services when requested by the detainee.
2. Efforts shall be made to allow for religious practice in a manner that does not adversely affect detainees not participating in the practice. Detainees cannot be required to participate in or attend a religious activity in order to receive a service of the facility or participate in other, nonreligious activities.	Meets Standard	
3. Religious activities shall be open to the entire detainee population, without discrimination based on a detainee's race, ethnicity, religion, national origin, gender, sexual orientation, or disability. Accommodations will be provided to residents who have limited English proficiency, or who are deaf or hard of hearing, to ensure their access to services should they wish to participate.	Meets Standard	Religious activities are open to the detainee population for voluntary attendance. Per policy, detainees will not be discriminated against based on their religious faith, race, ethnicity, national origin, gender or sexual orientation. Religious services are available in English, Spanish and Chinese. Accommodations are offered for detainees with special needs.
4. Facility records shall reflect the limitation or discontinuance of a religious practice along with the reason for such limitation or discontinuance.	Meets Standard	There have been no limitations or discontinuance of a religious practice at the facility. Any such limitation or discontinuance would be documented as required.
5. PRIORITY: A facility religious services coordinator manages and coordinates religious activities for detainees, which are augmented and enhanced by community clergy, contractors, volunteers, and groups that provide individual and group assembly religious services and counseling that the facility religious services coordinator cannot personally deliver.	Meets Standard	The chaplain is responsible for managing and coordinating religious activities, including the supervision of all religious activities provided by 21 volunteers from the local community.

STANDARD 5.5. RELIGIOUS PRACTICES (Key: AE)

This detention standard ensures that detainees of different religious beliefs are provided reasonable and equitable opportunities to participate in the practices of their respective faiths, constrained only by concerns about safety, security, and the orderly operation of the facility.

Components	Rating	Remarks (1000 Char Max)
6. The chaplain or other religious coordinator shall have physical access to all areas of the facility to serve detainees.	Meets Standard	
7. All facilities shall designate adequate space for religious activities that is sufficient to accommodate the needs of all religious groups in the detainee population fairly and equitably.	Meets Standard	Religious services are conducted in the facility's two chapels. The chapels provide adequate space and accommodate the needs of all detainee religious groups fairly.
8. The chaplain or religious services coordinator shall not ordinarily schedule religious services to conflict with meal times.	Meets Standard	
9. When recruiting citizen volunteers, the chaplain or religious services coordinator and other staff shall be cognizant of the need for representation from all cultural and socioeconomic parts of the community.	Meets Standard	
10. Detainees who are members of faiths not represented by clergy may conduct their own services, provided they do not interfere with facility operations.	Meets Standard	Per policy, detainees are permitted, to conduct their own religious services if members of their faith are not represented by clergy working or volunteering in the facility and if the services do not interfere with facility operations.
11. If requested by a detainee, the chaplain or religious services coordinator or designee shall facilitate arrangements for pastoral visits by a clergyperson or representative of the detainee's faith.	Meets Standard	
12. Detainees may make a request for the introduction of a new component to the Religious Services program (e.g. schedule, meeting time and space, religious items and attire) to the chaplain. The chaplain or religious services coordinator may ask the detainee to provide additional information to use in deciding whether to include the practice.	Meets Standard	Detainees requesting a new religious component or program can submit a written request to the chaplain who oversees the religious program outlining the specifics of the practice or program. The chaplain confers with the detainee, volunteer clergy, OIC and ICE before rendering a decision.

STANDARD 5.5. RELIGIOUS PRACTICES (Key: AE)

This detention standard ensures that detainees of different religious beliefs are provided reasonable and equitable opportunities to participate in the practices of their respective faiths, constrained only by concerns about safety, security, and the orderly operation of the facility.

Components	Rating	Remarks (1000 Char Max)
13. Each facility shall have written policy and procedures to facilitate detainee observance of important holy days, consistent with maintaining safety, security and orderly operations, and the chaplain shall work with detainees to accommodate proper observances.	Meets Standard	Policy and procedures address the observance of important holy days. The chaplain works with facility personnel, contract detention staff, religious volunteers and detainees to accommodate proper observances consistent with maintaining the safety, security and orderly operation of the facility.
14. Each facility administrator shall allow detainees access to personal religious property, both during religious services and throughout the facility, as is consistent with safety, security and orderly operation of the facility.	Meets Standard	
15. When a detainee's religion requires special food services, daily or during certain holy days or periods that involve fasting, restricted diets, etc., staff shall make all reasonable efforts to accommodate those requirements (for example, modifying the detainee's menus to exclude certain foods or food combinations, or providing the detainee's meals at unusual hours).	Meets Standard	The facility recognizes holy day observances, such as Ramadan, Passover and Lent, by providing special meals, honoring fasting requirements, facilitating religious services and allowing for activity restrictions consistent with the beliefs of a recognized religion.
16. The chaplain or religious services coordinator shall develop the religious fast schedule for the calendar year and provide it to the facility administrator or designee.	Meets Standard	

STANDARD 5.5. RELIGIOUS PRACTICES – Reviewer Summary

(Use following format for dates: mm/dd/yyyy)

Overall Remarks: (Record significant facts, observations, other sources used, etc.) (5000 Character Max)

The religious program permits detainees to participate in their respective religious faiths. The chaplain oversees the religious program, using local religious volunteers to coordinate religious activities and services at the facility. Per policy, the facility does not disparage the religious beliefs of a detainee, nor coerce or harass a detainee to change religious affiliation. ICE does not require a detainee to profess a religious belief. Detainees can designate any or no religious preference during in processing. With a written request to the chaplain, a detainee can request to change this designation at any time, and the change will be effected in a timely fashion.

The facility in the interest of maintaining the security and orderly running and to prevent abuse or disrespect by detainees of religious practices or observances, the chaplain monitors patterns of changes in declarations of the detainee's religious preference. When the facility is determining whether to allow a detainee to participate in specific religious activities, staff refers to the information contained both on the initial classification and the detainee's religious designation.

Detainees showing "No Preference" can be restricted from participation in those activities deemed appropriate for members only. During the intake process officers enter the detainee's religious designation. When the chaplain approves a request for

STANDARD 5.5. RELIGIOUS PRACTICES – Reviewer Summary*(Use following format for dates: mm/dd/yyyy)*

change of religious preference he is responsible for making the necessary change in the detainee's detention file.

The two chapels at the facility do not include storage space for items used in religious programs. Staff restroom facilities are available for staff and volunteers in the corridors outside of the chapel areas. The chaplain has an office separate from the chapels where the storage of religious materials is maintained.

When scheduling approved religious activities, the chaplain considers both the availability of staff supervision and the need to allot time and space equitably among the different groups. Local religious volunteers and resources from the community provide religious services not provided by the facility.

Decisions regarding the expansion of the religious services program are subject to the facility's parameters for maintaining a safe and secure facility and availability of staff for supervision. Per policy, the chaplain request background checks and documentation of all religious volunteers.

Pastoral visits take place in the visitation area. The visiting area can accommodate privacy if either party requests this. The chaplain who oversees the religious program is an ordained minister with qualifications of clinical pastoral education and specialized training. Detainees in the SMU are allowed to participate in religious practices, consistent with the safety, security, and orderly operation of the facility. The evaluation of the standard was based on observation of the religious programs and schedules, staff and detainee interviews, and review of policy and procedures.

Overall Rating: Meets Standard

Reviewer Name (Printed)

(b)(6),(b)(7)(C)

Completion Date: 10/6/2016

Reviewer Signature (for printed form submission):

STANDARD 5.6. TELEPHONE ACCESS (Key: AF)

This detention standard ensures that detainees may maintain ties with their families and others in the community, legal representatives, consulates, courts, and government agencies, by providing them reasonable and equitable access to telephone services.

Components	Rating	Remarks (1000 Char Max)
1. To ensure sufficient access, each facility shall provide at least one operable telephone for every 25 detainees.	Meets Standard	Telephones are provided at an optimal ratio of no less than one telephone to every ten detainees.
2. PRIORITY: Each facility shall ensure that detainees have access to reasonably priced telephone services. Contracts for such services shall comply with all applicable state and federal regulations and be based on rates and surcharges commensurate with those charged to the general public. Any variations shall reflect actual costs associated with the provision of services in a detention setting.	Meets Standard	Telephone rates are according to the nationwide ICE platform and comply as stipulated by this component.
3. Each facility shall maintain detainee telephones in proper working order. Designated facility staff shall inspect the telephones daily, promptly report out-of-order telephones to the repair service and ensure that required repairs are completed quickly. Facility staff shall notify detainees and the ICE/ERO free legal service providers of procedures for reporting problems with telephones.	Meets Standard	Telephones are inspected weekly by ICE and periodically by a representative of the service provider. Officers inspect the telephones daily on third shift. Detainees are notified via the handbook regarding how to report telephone issues. The telephone service provider informs the free legal services providers of how to report telephone issues.
4. Facility staff is responsible for ensuring on a daily basis that telephone systems are operational and that the free telephone number list is posted. Any problems identified must immediately be logged and reported to the appropriate facility and ICE staff personnel.	Meets Standard	Third shift officers inspect the telephones daily. Problems are logged and reported.
5. Each facility shall have a written policy on the monitoring of detainee telephone calls. If telephone calls are monitored, the facility shall include a recorded message on its phone system stating that all telephone calls are subject to monitoring. At each monitored telephone, place a notice that states that detainee calls are subject to monitoring. A detainee's call to a court, a legal representative, OIG, or CRCL, or for the purposes of obtaining legal representation, may not be electronically monitored.	Meets Standard	

STANDARD 5.6. TELEPHONE ACCESS (Key: AF)

This detention standard ensures that detainees may maintain ties with their families and others in the community, legal representatives, consulates, courts, and government agencies, by providing them reasonable and equitable access to telephone services.

Components	Rating	Remarks (1000 Char Max)
6. Each facility shall provide telephone access rules in writing to each detainee upon admission, and shall post these rules and telephone access hours where detainees may easily see them, in Spanish and other languages spoken by significant segments of the limited English proficient population where practicable. Updated telephone and consulate lists, along with a list of card and calling rates, shall be posted in the detainee housing units. Translation and interpretation services shall be provided as needed.	Meets Standard	All of the elements of this component are satisfied via policy and practice.
7. Each facility administrator shall establish and oversee rules and procedures that provide detainees reasonable and equitable access to telephones during established facility "waking hours."	Meets Standard	Telephones are generally available for detainee use 24 hours a day, seven days per week.
8. Detainees are afforded a reasonable degree of privacy for legal phone calls.	Meets Standard	
9. A procedure exists to assist a detainee who is having trouble placing a confidential call.	Meets Standard	Facility staff assist with confidential calls upon request.
10. The facility provides the detainees with the ability to make non-collect (special access) calls, as well as international calls.	Meets Standard	
11. Even if telephone service is generally limited to collect calls, each facility shall permit detainees to make direct or free calls to the offices and individuals required by the standard. Updated lists need to be posted in the detainee housing units.	Meets Standard	The telephone service is not limited to collect calls. Direct pre-paid calls may be made. Up-to-date pro-bono call lists are posted by all telephones.
12. If detainees are required to complete request forms to make direct or free calls, facility staff must assist them as needed, especially illiterate or non-English speaking detainees.	Meets Standard	Detainees are not required to complete request forms for direct or free calls; staff assistance is available if needed nonetheless.
13. PRIORITY: All detainees are able to call their consulate, the DHS Office of the Inspector General, the ICE/OPR Joint Intake Center, and any organization on the ICE/ERO-provided list of free legal service providers at no charge to the detainee or receiving party. The FOD will ensure that all information is kept current and provided to each facility. Updated contact lists are posted in the detainee housing units. Indigent detainees are afforded the same telephone access and privileges as detainees in the general population. The indigent detainee may also request a free call to immediate family or others in personal or family emergencies or for a compelling need (to be interpreted liberally).	Meets Standard	All of the requirements of this component are satisfied through policy and practice. The inspector was able to reach the OIG recorded message via the speed dial number, using a detainee telephone in a housing unit.

STANDARD 5.6. TELEPHONE ACCESS (Key: AF)

This detention standard ensures that detainees may maintain ties with their families and others in the community, legal representatives, consulates, courts, and government agencies, by providing them reasonable and equitable access to telephone services.

Components	Rating	Remarks (1000 Char Max)
14. A facility may neither restrict the number of calls a detainee places to his/her legal representatives nor limit the duration of such calls by rule or automatic cut-off, unless necessary for security purposes or to maintain orderly and fair access to telephones.	Meets Standard	
15. The facility has a system for taking and delivering emergency detainee telephone messages.	Meets Standard	In the event of an emergency call, a message is taken and delivered to the detainee immediately. The detainee may return the call at that time.
16. The facility shall take and deliver telephone messages to detainees as promptly as possible. When facility staff receive an emergency telephone call for a detainee, the caller's name and telephone number will be obtained and promptly given to the detainee. The detainee shall be permitted to promptly return the emergency call at their own cost within the constraints of security and safety. The facility shall enable indigent detainees to make a free return emergency call.	Meets Standard	Policy and practice satisfy the requirements of this component.
17. The facility shall provide a TTY device or Accessible Telephone (telephones equipped with volume control and telephones that are hearing-aid compatible for detainees who are deaf or hard of hearing). Detainees who are hard of hearing will be provided access to the TTY on the same terms as hearing detainees. Accommodations shall also be made for detainees with speech disabilities.	Meets Standard	Accommodations for impaired detainees are available as stipulated by this component.
18. Even where telephone access is reasonably restricted for detainees in Special Management Units, detainees and their legal counsel shall nevertheless be accommodated in order for them to be able to communicate effectively with each other. Telephone access for legal calls, courts, government offices (including the DHS OIG and the DHS JIC) and embassies or consulates shall not be denied.	Meets Standard	
19. Detainees in Disciplinary Segregation may be restricted from using telephones to make general calls as part of the disciplinary process. Even in Disciplinary Segregation, however, detainees shall have some access for special purposes.	Meets Standard	

STANDARD 5.6. TELEPHONE ACCESS (Key: AF)

This detention standard ensures that detainees may maintain ties with their families and others in the community, legal representatives, consulates, courts, and government agencies, by providing them reasonable and equitable access to telephone services.

Components	Rating	Remarks (1000 Char Max)
20. Generally, detainees in administrative segregation should receive the same telephone privileges that are available to detainees in the general population, subject to any safety and security considerations that may exist.	Meets Standard	Detainees in administrative segregation receive calls upon request, from a portable telephone stand in the SMU. They enjoy the same general telephone privileges as those in general population.
21. Upon a detainee's request, facility staff shall make special arrangements to permit the detainee to speak by telephone with an immediate family member detained in another facility.	Meets Standard	

STANDARD 5.6. TELEPHONE ACCESS – Reviewer Summary

(Use following format for dates: mm/dd/yyyy)

Overall Remarks: (Record significant facts, observations, other sources used, etc.) (5000 Character Max)

Telephones may be easily accessed at any time, providing the ability for detainees to maintain telephonic communication with family, friends, legal providers, and others as desired.

Indigent detainees enjoy similar telephone access as non-indigent detainees via collect calls and requests to staff.

During the evaluation of this standard employees and detainees were interviewed, policy and the handbook were reviewed, telephones were tested, and detainee telephone banks were inspected.

Overall Rating: Meets Standard

Reviewer Name (Printed) (b)(6),(b)(7)(C)

Completion Date: 10/6/2016

Reviewer Signature (for printed form submission):

STANDARD 5.7. VISITATION (Key: AG)

This detention standard ensures that detainees shall be able to maintain morale and ties through visitation with their families, the community, legal representatives, and consular officials, within the constraints of safety, security, and good order of the facility.

Components	Rating	Remarks (1000 Char Max)
1. There is a written visitation procedure, schedule, and hours for general visitation.	Meets Standard	Policy and procedures address all the elements of this component.
2. Each facility administrator shall decide whether to permit contact visits, as is appropriate for the facility's physical plant and detainee population.	Meets Standard	This facility permits both contact and non-contact social visits.
3. A facility administrator may temporarily restrict visiting when necessary to ensure the security and good order of the facility. Each restriction or denial of visits shall be documented in writing, including the duration of and reasons for the restriction.	Meets Standard	
4. Each facility shall: <ul style="list-style-type: none"> Make the schedule and procedures available to the public, both in written form and telephonically. Post that information in the visitor waiting area in English, Spanish, and, where practicable, other major languages spoken in the facility, as well as in each housing unit where detainees can easily see them. 	Meets Standard	Visiting rules and schedules are available via the facility website and telephone. Visitation information is posted in the visitor entrance and in the detainee housing units in English and Spanish.
5. PRIORITY: General visitation is permitted during set hours on Saturdays, Sundays, and holidays, and, to the extent practicable, the facility also establishes visiting hours on weekdays and during evening hours. The facility accommodates the scheduling needs of visitors for whom scheduled visiting hours pose a hardship. The number of visitors a detainee receives and the length of visits are limited only by reasonable constraints of space, scheduling, staff availability, safety, security, and good order.	Meets Standard	The visiting schedule allows for visitation on weekdays, holidays, and weekends. Visitation hardships are accommodated as needed. Visitation is limited only for the purposes of space, staffing, safety, or security.
6. Each facility shall maintain a log of all general visitors, and a separate log of legal visitors.	Meets Standard	All visitors are logged in at the entrance. Legal and social visitors have separate logs.
7. If the facility establishes and maintains a dress code for visitors, it shall be made available to the public.	Meets Standard	
8. The facility's visiting areas shall be appropriately furnished and arranged, and as comfortable and pleasant as practicable.	Meets Standard	Visiting tables and chairs are molded plastic, allowing reasonable comfort during visits. There are televisions in the visiting room for visitor viewing.
9. PRIORITY: The facility's written rules shall specify time limits for visits. Visits should be for the maximum period practicable but not less than one hour with special consideration given to family circumstances and individuals who have traveled long distances.	Meets Standard	Visits are for no less than one hour, as specified in the rules. Consideration for longer visits is given for those visitors with special circumstances.

STANDARD 5.7. VISITATION (Key: AG)

This detention standard ensures that detainees shall be able to maintain morale and ties through visitation with their families, the community, legal representatives, and consular officials, within the constraints of safety, security, and good order of the facility.

Components	Rating	Remarks (1000 Char Max)
10. Facilities should have provisions to allow for contact or non-contact visitation with minor children, stepchildren and foster children. Facilities that allow visitations by minor children, stepchildren and foster children should try to facilitate contact visitation when possible. Facilities should allow detainees to see their minor children as soon as possible after admission. Generous time allotments for visitation with minor children are recommended. At facilities where there is no provision for visits by minors, ICE arranges for visits by children, stepchildren, and foster children on request, within the first 30 days.	Meets Standard	The facility permits both contact and non-contact visits with minors.
11. Written procedures shall detail the limits and conditions of contact visits in facilities permitting them.	Meets Standard	
12. While in administrative or disciplinary segregation status, a detainee ordinarily retains visiting privileges.	Meets Standard	
13. PRIORITY: Legal visitation is available seven (7) days a week, including holidays. Legal visitation hours provide for a minimum of eight (8) hours per day on regular business days, and a minimum of four (4) hours per day on weekends and holidays.	Meets Standard	Legal visits are permitted seven days a week, including holidays, at any time as needed.
14. Private consultation rooms are available for meetings with legal representatives or legal assistants. There is a mechanism for the detainee and his/her legal representative or assistant to exchange documents, even when contact visitation rooms are unavailable.	Meets Standard	Legal visits may be contact or non-contact and they allow for the exchange of documents.
15. Legal representatives and assistants are subject to a non-intrusive search - such as a pat-down search of the person or a search of the person's belongings - at any time for the purpose of ascertaining the presence of contraband.	Meets Standard	Legal visitors must clear a walk-through metal detector and their property is searched.
16. The current list of pro bono legal organizations is posted in the detainee housing areas and other appropriate areas.	Meets Standard	
17. Facility visitation procedures shall cover law enforcement officials requesting interviews with detainees. Facilities will notify and seek approval from ICE ERO of any proposed law enforcement officer visit with a detainee.	Meets Standard	Per policy, these requests are referred to ICE for approval.
18. Former ICE/ERO detainees, individuals with criminal records and individuals in deportation proceedings shall not be automatically excluded from visiting. Individuals in any of these categories must so notify the facility administrator before registering for visitation privileges.	Meets Standard	

STANDARD 5.7. VISITATION – Reviewer Summary

(Use following format for dates: mm/dd/yyyy)

STANDARD 5.7. VISITATION – Reviewer Summary*(Use following format for dates: mm/dd/yyyy)***Overall Remarks:** *(Record significant facts, observations, other sources used, etc.) (5000 Character Max)*

Detainees may visit with family, friends, legal providers, and others within the parameters of the standard, and in such a manner as to preserve the safety of the public, staff and detainees, and the security of the institution. Strip searches are not required after legal visits.

Legal visitors may be accompanied by interpreters. Legal visitors are not required to know the detainee's A-number in order to visit and they may call ICE prior to the visit to determine if a detainee is at the facility. Legal providers are not required to file a Form G-28 for pre-representation meetings with detainees or for representation of non-immigration matters, but must file a G-28 to represent detainees for immigration matters. Blank G-28 forms are available in the visitor entrance by calling the onsite ICE office, and online.

Employees visually observe legal visits, but are not able to hear conversations. Legal visits may continue through counts. Legal visits may occur in the general visitation area if private consultation rooms are not available. Documents exchanged between detainees and their legal visitors are inspected by employees, but not read. Legal visiting policy is available upon request. Consultation visitation, asylum officer visits, and consular officer visits are managed within the stipulations of the standard. NGO visitation and facility tour requests are submitted to the field office for approval. Legitimate community service organizations and news media may visit upon approval from ICE. All requirements of the standard are adhered to for news media visits and interviews.

Visitation is restricted via a memorandum from the chief of security or the disciplinary process, and criminal behavior during visits may be referred for prosecution. Any criminal behavior during a visit is reported in writing to the OIC and chief of security. Supervisors may terminate visits involving inappropriate behavior.

Family and friends may visit detainees, and detainees may visit other family members who are detained at this facility by special arrangement. Visitors refusing search procedures, which consist of divesting their person of personal items not permitted into the visitation area and clearing a metal detector, are not permitted to visit. Policy lists the items of personal property that may enter the visitation areas. Policy states that service animals may enter the facility with their assigned benefactor, but other animals may not.

Written procedures address incoming detainee property and fund deposits. Visitors are permitted to deposit money into detainee accounts during in-processing and a receipt is provided to the visitor. Visitors may not give money directly to a detainee.

This standard was evaluated via policy and handbook review; interviews with staff, detainees, and visitors awaiting processing; observation of visits in progress; examination of legal and social visitor logs; and inspection of the visitation areas.

Overall Rating: Meets Standard**Reviewer Name (Printed):** (b)(6),(b)(7)(C)**Completion Date:** 10/6/2016**Reviewer Signature (for printed form submission):**

STANDARD 5.8. VOLUNTARY WORK PROGRAM (Key: AH)

This detention standard provides detainees opportunities to work and earn money while confined, subject to the number of work opportunities available and within the constraints of safety, security, and good order of the facility. While not legally required to do so, ICE/ERO affords working detainees basic Occupational Safety and Health Administration (OSHA) protections.

Standard N/A

Click the above button if ICE detainees are not authorized to work at the IGSA facility. (All Line Items and standard will be rated "N/A")

Components	Rating	Remarks (1000 Char Max)
1. Detainees who are physically and mentally able to work shall be provided the opportunity to participate in a voluntary work program.	Meets Standard	
2. The detainee's classification level shall determine the type of work assignment for which he/she is eligible. Generally, high custody detainees shall not be given work opportunities outside their housing units/living areas.	Meets Standard	A detainee's classification level is used to determine his placement in the work program. High level detainees may not participate in the work program.
3. ICE detainees may not work outside the secure perimeter of non-dedicated IGSA facilities.	Meets Standard	Detainees are not permitted to work outside the secure perimeter at this IGSA facility.
4. The facility administrator shall develop site-specific rules for selecting work detail volunteers in a facility procedure that will include a voluntary work program agreement.	Meets Standard	
5. Detainees shall not be denied voluntary work opportunities on the basis of such factors as a detainee's race, religion, national origin, gender, sexual orientation or disability.	Meets Standard	
6. While medical or mental health restrictions may prevent some physically or mentally challenged detainees from working, those with less severe disabilities shall have the opportunity to participate in the voluntary work program in appropriate work assignments.	Meets Standard	Policy and procedures support the participation of disabled detainees in the voluntary work program.
7. Detainees who participate in the volunteer work program are required to work according to a fixed schedule that does not exceed 8 hours daily, 40 hours weekly.	Meets Standard	
8. Detainees shall receive monetary compensation for work completed in accordance with the facility's standard policy of at least \$1.00 (USD) per day.	Meets Standard	Per policy, detainees participating in the voluntary work program are paid \$1.00 per day.
9. The facility administrator shall establish procedures for informing detainee volunteers about on-the-job responsibilities and reporting procedures.	Meets Standard	

STANDARD 5.8. VOLUNTARY WORK PROGRAM (Key: AH)

This detention standard provides detainees opportunities to work and earn money while confined, subject to the number of work opportunities available and within the constraints of safety, security, and good order of the facility. While not legally required to do so, ICE/ERO affords working detainees basic Occupational Safety and Health Administration (OSHA) protections.

Standard N/A

Click the above button if ICE detainees are not authorized to work at the IGSA facility. (All Line Items and standard will be rated "N/A")

Components	Rating	Remarks (1000 Char Max)
10. When a detainee is removed from a work detail, staff place the written justification for the action in the detainee's detention file. Detainees are permitted to file a grievance to the facility administrator or local Field Office Director if they believe they were unfairly removed from work.	Meets Standard	Per policy, when a detainee is removed from a work detail, written documentation is required explaining the circumstances and reason for removal. All documentation is provided to the detainee and placed in the detainee's detention file. Detainees may utilize the grievance system if they feel they were unfairly removed from a job detail and may appeal directly to ICE.
11. All detention facilities shall comply with all applicable health and safety regulations and standards, to include training.	Meets Standard	A review of the facility's training plans, working conditions and protective and safety equipment revealed the volunteer work program operates in accordance with applicable health and safety standards.
12. The facility administrator shall ensure that all department heads, in collaboration with the facility's safety/training officer, develop and institute appropriate training for all detainee workers.	Meets Standard	
13. Upon a detainee's assignment to a job or detail, the supervisor shall provide thorough instructions regarding safe work methods and, if relevant, hazardous materials.	Meets Standard	Detainee training files indicated safe work practices. Hazardous material training is provided upon assignment to a work detail. All hazardous materials are in a diluted state, prior to staff issue to the detainee.
14. The facility shall provide detainees with safety equipment that meets OSHA and other standards associated with the task performed.	Meets Standard	
15. The facility administrator shall implement procedures for immediately and appropriately responding to on-the-job injuries, including immediate notification of ICE/ERO.	Meets Standard	Policy requires the facility staff to immediately notify the work supervisor, medical staff and ICE of a detainee injured while on the job.

STANDARD 5.8. VOLUNTARY WORK PROGRAM – Reviewer Summary*(Use following format for dates: mm/dd/yyyy)***Overall Remarks:** *(Record significant facts, observations, other sources used, etc.) (5000 Character Max)*

Policy and practices provide detainees the opportunity to work and earn \$1.00 a day while at the facility. Detainees are paid and work in accordance with the ICE standards. The evaluation of the standard was based on a review of policies and procedures, observation of work assignment areas and on detainee, ICE and facility staff interviews.

Overall Rating: Meets Standard**Reviewer Name (Printed)** (b)(6),(b)(7)(C)**Completion Date:** 10/6/2016**Reviewer Signature (for printed form submission):**

Section VI: JUSTICE

**Detainee Handbook
Grievance System
Law Libraries and Legal Material
Legal Rights Group Presentations**

STANDARD 6.1. DETAINEE HANDBOOK (Key: AI)

This detention standard requires that, upon admission, every detainee be provided comprehensive written orientation materials that describe such matters as the facility's rules and sanctions, disciplinary system, mail and visiting procedures, grievance system, services, programs, and medical care, in English, Spanish, and other languages and that detainees acknowledge receipt of those materials.

Components	Rating	Remarks (1000 Char Max)
1. PRIORITY: Upon admission to a facility, as part of the orientation program, each detainee shall be provided a copy of the ICE National Detainee Handbook and that facility's local supplement to the handbook.	Meets Standard	Each detainee is given the ICE National Detainee Handbook and a facility detainee handbook.
2. The facility administrator shall ensure that the local supplement is translated into Spanish and, where practicable, any other language spoken by significant numbers of limited-English proficient detainees in that facility.	Meets Standard	Spanish and English versions of the handbooks are available. Other language needs are addressed through the use of a language line.
3. Staff shall require each detainee to verify, by signature, receipt of the handbook and maintain that acknowledgement in the detainee's detention file.	Meets Standard	All detainees sign a receipt for the handbooks. A copy of the receipt is placed in the applicable detainee's detention file.
4. If a detainee cannot read or does not understand the language of the handbook, the facility administrator shall arrange for the orientation materials to be read to the detainee, provide the material using audio or video tapes in a language the detainee does understand, or provide a translator or interpreter within a reasonable amount of time.	Meets Standard	The facility orientation video is produced in English and Spanish and is shown to the detainees during the intake process and in the housing units daily. Translation services are available as needed.
5. The facility administrator shall provide a copy of the ICE National Detainee Handbook and the local supplement to every staff member who has contact with detainees, and cover their contents in initial and annual staff training.	Meets Standard	
6. The facility administrator shall appoint a committee to review the local supplement annually and recommend changes. While the handbook does not have to be immediately revised and reprinted to incorporate every change, the facility administrator shall establish procedures for immediately communicating such changes to staff and detainees.	Meets Standard	Per policy, the handbook is reviewed annually and revised as necessary by a committee appointed by the OIC. The last revision was on 03/24/2016. Revisions are posted on bulletin boards in the detainee housing units. Copies of the changes are distributed via shift briefings to all employees.

STANDARD 6.1. DETAINEE HANDBOOK (Key: AI)

This detention standard requires that, upon admission, every detainee be provided comprehensive written orientation materials that describe such matters as the facility's rules and sanctions, disciplinary system, mail and visiting procedures, grievance system, services, programs, and medical care, in English, Spanish, and other languages and that detainees acknowledge receipt of those materials.

Components	Rating	Remarks (1000 Char Max)
<p>7. PRIORITY: The detainee handbook (local supplement) address the following issues:</p> <ul style="list-style-type: none"> • The rules, regulations, policies and procedures with which every detainee must comply • Detainee rights and responsibilities • Procedures for requesting interpretive services for essential communication • The facility's services and programs • The facility's classification system • Medical care • The facility's zero tolerance policy for all forms of sexual abuse and assault • The facility's rules of conduct and prohibited acts, the disciplinary scale, the sanctions imposed for violations of the rules, the disciplinary process, the procedure for appealing disciplinary findings, and detainees' rights in the disciplinary system (as required by Standard 3.1) • Information about the facility's grievance system, including medical grievances (as required by Standard 6.2) • The facility's policies on telephone access and on the monitoring of telephone calls, if telephone calls are monitored • The facility's visitation rules and hours • Rules and procedures governing access to the law library (as required by Standard 6.3) and to legal counsel • Content and procedures of the facility's rules on legal rights group presentations, and the availability of legal orientation programs • The facility's rules on correspondence and other mail (including information on correspondence procedures as required by Standard 5.1) • The facility's policies and procedures related to personal property (as required by Standard 2.5) • The facility's marriage request procedures • Contact information for the ICE/ERO Field Office and the scheduled hours and days that ICE/ERO staff is available to be contacted by detainees at the facility • Procedures to submit written questions, requests, or concerns to ICE/ERO staff, as well as the availability of assistance to prepare such requests. 	Meets Standard	All of the elements in this component are addressed in the handbook.

STANDARD 6.1. DETAINEE HANDBOOK – Reviewer Summary*(Use following format for dates: mm/dd/yyyy)***Overall Remarks:** *(Record significant facts, observations, other sources used, etc.) (5000 Character Max)*

The facility's handbook and the ICE National Detainee Handbook informs the detainee in detail as to how to report allegations of abuse and civil rights violations, along with violations of staff misconduct, directly to ICE headquarters or the DHS OIG. The local handbook is free from derogatory or insensitive statements about detainee religion or culture and describes the facility's rules, programs, procedures and requirements for detainees during their detention. The evaluation was based on reviews of the detainee handbook and facility policies, and on interviews with staff members and detainees.

Overall Rating: Meets Standard**Reviewer Name (Printed):** (b)(6), (b)(7)(C)**Completion Date:** 10/6/2016**Reviewer Signature (for printed form submission):**

STANDARD 6.2. GRIEVANCE SYSTEM (Key: AJ)

This detention standard protects a detainee's rights and ensures they are treated fairly by providing a procedure for them to file both informal and formal grievances, which shall receive timely responses relating to any aspect of their detention, including medical care.

Components	Rating	Remarks (1000 Char Max)
<p>1. PRIORITY: Each facility shall have written policy and procedures for a detainee grievance system that:</p> <ul style="list-style-type: none"> Establishes a procedure for any detainee to file a formal grievance; Establishes a procedure to track or log all ICE detainee grievances separately from other facility populations; Establishes reasonable time limits for: <ul style="list-style-type: none"> Processing, investigating, and responding to grievances; Convening a grievance committee (or actions of a single designated grievance officer) to review formal complaints; and Providing written responses to detainees who filed formal grievances, including the basis for the decision. Ensures a procedure in which all medical grievances are received by the administrative health authority within 24 hours or the next business day, with a response from medical staff within five working days, where practicable; Establishes a special procedure for time-sensitive, emergency grievances, including having a mechanism by which emergency medical grievances are screened as soon as practicable by appropriate personnel; Ensures each grievance receives appropriate review; Provides at least one independent appeal that excludes individuals previously involved in the decision making process for the same grievance; Includes guarantees against reprisal; and Ensures information, advice, and directions are provided to detainees in a language or manner they can understand, or that interpretation/translation services are utilized. 	Meets Standard	The facility has written policies and procedures that address each of the items listed in this component. Detainees are provided information regarding the grievance system via the local handbook and the National Detainee Handbook.
2. Detainees are informed about the facility's informal and formal grievance system in a language or manner they understand.	Meets Standard	
3. The grievance section of the handbook explains all steps in the grievance process.	Meets Standard	The detainee handbook provides detainees with information regarding all steps in the grievance process.

STANDARD 6.2. GRIEVANCE SYSTEM (Key: AJ)

This detention standard protects a detainee's rights and ensures they are treated fairly by providing a procedure for them to file both informal and formal grievances, which shall receive timely responses relating to any aspect of their detention, including medical care.

Components	Rating	Remarks (1000 Char Max)
4. Written procedures allow for the informal oral presentation and resolution of grievances. A detainee is free to bypass or terminate the informal grievance process at any point and proceed directly to the formal grievance stage.	Meets Standard	
5. Detainees may submit a formal written grievance to a Grievance Officer at any time during, after, or in lieu of lodging an information complaint. To prepare a grievance, a detainee may obtain assistance from another detainee, the housing officer or other facility staff, family members, legal representatives, or non-governmental organizations.	Meets Standard	Detainees may submit a formal written grievance at any time in lieu of lodging an informal complaint. Detainees have access to the grievance procedure through the grievance coordinator (GC) and may seek assistance from other detainees, facility staff, family members, legal representatives or members of non-governmental organizations when needed.
6. Formal written grievances regarding medical care shall be submitted directly to medical personnel designated to receive and respond to medical grievances at the facility.	Meets Standard	
7. Each facility shall implement written procedures for identifying and handling a time-sensitive emergency grievance that involves an immediate threat to a detainee's health, safety or welfare.	Meets Standard	
8. All staff will be trained to appropriately respond to emergency grievances in an expeditious matter.	Meets Standard	
9. A designated Grievance Officer (GO) shall conduct the initial adjudication of a grievance. The detainee shall have the option to file an appeal with a Grievance Appeals Board (GAB) if dissatisfied with a GO decision, and with the facility administrator if dissatisfied with a GAB decision. At all stages, detainees shall receive a decision on the grievance within five days of receipt of the appeal by the reviewing entity.	Meets Standard	Per policy, the GC conducts the initial adjudication of grievances. Detainees can file an appeal with the grievance committee and then to the OIC. At each stage of the grievance process the detainee receives a response within five days of receipt of the grievance. Detainees can further appeal to ICE if not satisfied with the facility's grievance decision.
10. Facilities shall allow any ICE/ERO detainee dissatisfied with the facility's response to a grievance, or fearing retaliation, to appeal to or communicate directly with ICE/ERO.	Meets Standard	

STANDARD 6.2. GRIEVANCE SYSTEM (Key: AJ)

This detention standard protects a detainee's rights and ensures they are treated fairly by providing a procedure for them to file both informal and formal grievances, which shall receive timely responses relating to any aspect of their detention, including medical care.

Components	Rating	Remarks (1000 Char Max)
11. PRIORITY: Each facility shall maintain a Detainee Grievance Log. The documentation shall include: the date the grievance was filed, the name of the detainee that filed the grievance, the nature of the grievance, the date the decision was provided to the detainee, and the outcome of the adjudication. A copy of the grievance disposition shall be placed in the detainee's detention file and provided to the detainee. Medical grievances are maintained in the detainee's medical file.	Meets Standard	An electronic grievance log is maintained by the GC that includes the documentation listed in this component. A copy of the grievance disposition is given to the detainee and another copy is placed in the detainee's detention or medical file, as applicable.
12. PRIORITY: Upon receipt, facility staff must forward all detainee grievances containing allegations of staff misconduct to a supervisor or higher-level official in the chain of command. While such grievances are to be processed through the facility's established grievance system, CDFs and IGSA facilities must also forward a copy of any grievances alleging staff misconduct to ICE/ERO in a timely manner.	Meets Standard	This is a DIGSA facility. Policy requires staff to immediately notify a supervisor, the OIC and ICE of any allegations of staff misconduct and to provide copies of the grievance to ICE in a timely manner. There were no documented incidents of officer misconduct during this inspection period.
13. Staff shall not harass, discipline, punish, or otherwise retaliate against a detainee who files a complaint or grievance or who contacts the Inspector General. Immediately following any indication or allegation of retaliation, the facility and ICE/ERO shall conduct an investigation of alleged acts of retaliation in a timely manner, and take all steps necessary to remedy any retaliation determined to have occurred.	Meets Standard	Policy and the handbook inform detainees and facility personnel that staff shall not harass, retaliate or punish a detainee for filing a grievance or contacting the Inspector General. There are no documented or substantiated cases of staff retaliation against detainees who have filed a complaint. If such a case would present itself, an investigation of the alleged act(s) would be conducted by both facility and ICE staff in a timely manner to remedy any retaliation determined to have occurred.

STANDARD 6.2. GRIEVANCE SYSTEM – Reviewer Summary

(Use following format for dates: mm/dd/yyyy)

Overall Remarks: (Record significant facts, observations, other sources used, etc.) (5000 Character Max)

A grievance log is maintained by the GC. The log and grievance reports were compared and found to be accurate. The grievance program establishes the grievance process, protects detainee rights and ensures that detainees are treated fairly. Informal grievances, formal grievances and appeals are handled in a timely manner and are well documented. There have been a total of 425 grievances filed during this inspection period with 154 found in favor of the detainees.

The facility has policy and procedures to address pattern of abuse of the grievance system. The facility's OIC identifies detainees that have developed patterns of filing nuisance complaints or otherwise abusing the grievance system. Feedback is

STANDARD 6.2. GRIEVANCE SYSTEM – Reviewer Summary*(Use following format for dates: mm/dd/yyyy)*

provided to the detainee, and documentation is maintained of the grievances as being rejected. Employees attempt to resolve all informal oral grievances at the lowest level.

ICE Office of Detention Oversight periodically reviews statistical sampling of grievances at the facility to evaluate compliance with the grievance standard and the associated grievances procedures; assess the reasonableness of the final decisions; and to possibly generate data showing trends in the types of grievances, time frames for resolution and outcomes at the facility. The facility's grievances policy and procedures are reviewed during ICE initiated inspections. This evaluation was based on review of policies and procedures, staff and detainee interviews, and review of the grievance log.

Overall Rating: Meets Standard

Reviewer Name (Printed): (b)(6),(b)(7)(C)

Completion Date: 10/6/2016

Reviewer Signature (for printed form submission):

STANDARD 6.3. LAW LIBRARIES AND LEGAL MATERIALS (Key: AK)

This detention standard protects detainees' rights by ensuring their access to courts, counsel, and comprehensive legal materials.

Components	Rating	Remarks (1000 Char Max)
1. Each facility shall provide a properly equipped law library in a designated, well-lit room that is reasonably isolated from noisy areas and large enough to provide reasonable access to all detainees who request its use. It shall be furnished with a sufficient number of tables and chairs to facilitate detainees' legal research and writing.	Meets Standard	The law library is a quiet, spacious, and well-lighted room, located off of the main hallway. There are thirteen computer stations and computers equipped with LexisNexis. Each computer station has a chair. There is one working table with multiple chairs. The area is large enough and has the facilities to serve the demand. There are two kiosks in each housing unit that also provide access to the LexisNexis program. These kiosks may be accessed by detainees at any time.
2. PRIORITY: Each detainee shall be permitted to use the law library for a minimum of five hours per week and may not be forced to forego his or her minimum recreation time to use the law library.	Meets Standard	Detainees are permitted to use the law library for at least five hours per week and are not required to forego recreation time to use the law library.
3. PRIORITY: The law library shall provide an adequate number of computers with printers, photocopiers and sufficient writing implements, paper, and related office supplies to enable detainees to prepare documents for legal proceedings, special correspondence, or legal mail. Typewriters, with replacement ribbons, carbon paper, and correction tape may be temporarily substituted for computers and printers only until such time as the facility can provide computers and printers, and if approved by ICE/ERO. Each facility administrator shall designate an employee to inspect the equipment at least daily and ensure it is in good working order and to stock sufficient supplies.	Meets Standard	There are thirteen computers and workstations, printers, and copiers available. Writing implements and supplies are available in the housing units. The law library is inspected daily for maintenance and restocking by the assigned employee.
4. Detainees are provided with the means to save legal work in a private electronic format for future use.	Meets Standard	Detainees may save their legal work on electronic storage media, provided free of charge by the facility.
5. The facility subscribes to updating services where applicable and legal materials requiring updates are current.	Does Not Meet Standard	LexisNexis, updated in March 2016, is installed on the library computers and housing unit kiosks. It is not the current version. The current version was being uploaded to the computers during the inspection.

STANDARD 6.3. LAW LIBRARIES AND LEGAL MATERIALS (Key: AK)

This detention standard protects detainees' rights by ensuring their access to courts, counsel, and comprehensive legal materials.

Components	Rating	Remarks (1000 Char Max)
6. Each facility administrator shall designate a facility law library coordinator to be responsible for updating legal materials, inspecting them weekly, maintaining them in good condition and replacing them promptly as needed.	Meets Standard	The law library employee is assigned the duties associated with the law library and performs the functions listed in this component.
7. PRIORITY: The law library contains all materials listed in Appendix 6.3.A: "List of Legal Reference Materials for Detention Facilities" and any materials provided to the facility by ICE/ERO. As an alternative to obtaining and maintaining the paper-based publications in Appendix 6.3.A, a facility may substitute the Lexis/Nexis publications on CD ROM. Any materials listed in Appendix 6.3.A which are not loaded onto the Lexis/Nexis CD ROM must be maintained in paper form. If materials are provided on CD-ROM or in another electronic format, technical assistance shall be provided.	Meets Standard	The LexisNexis program is installed on every computer. There are two kiosks in each housing unit that also provide access to the updated LexisNexis program. These kiosks may be accessed by detainees at any time.
8. An up-to-date list of the law library's holdings, including the date and content of the most recent updates of all legal materials available to detainees in print and electronic media, are posted in the law library.	Meets Standard	This list is posted in the library,
9. The facility administrator must certify to the respective Field Office Director – and the Field Office Director must verify -- that the facility provides detainees sufficient: <ul style="list-style-type: none"> • Operable computers that are capable of running the Lexis/Nexis CDRom, • Operable printers, • Supplies for both, and • Instructions for detainees on the basic use of the system. 	Meets Standard	
10. Outside persons and organizations may submit published or unpublished legal material for inclusion in a facility's law library. If the material is in a language other than English, an English translation must be provided. Outside unpublished material is forwarded and reviewed by the ICE prior to inclusion.	Meets Standard	
11. Detainees who require legal material not available in the law library may make a written request to the facility law library coordinator, who shall inform the Field Office of the request as soon as possible.	Meets Standard	

STANDARD 6.3. LAW LIBRARIES AND LEGAL MATERIALS (Key: AK)

This detention standard protects detainees' rights by ensuring their access to courts, counsel, and comprehensive legal materials.

Components	Rating	Remarks (1000 Char Max)
12. The facility shall ensure that detainees can obtain at no cost to the detainee photocopies of legal material and special correspondence when such copies are reasonable and necessary for a legal proceeding involving the detainee. Detainees shall also be permitted to photocopy grievances, letters regarding conditions of confinement, disciplinary decisions, special needs forms, or other documents that are relevant to the presentation of any type of immigration proceeding.	Meets Standard	Copying services as described in this component are available to detainees. Detainees receive copying services upon request to the law library employee.
13. Facility staff provide assistance to detainees in accessing legal materials where needed (e.g. orientation to written or electronic media and materials; assistance in accessing related programs, forms, and materials).	Meets Standard	Upon detainee request, employees provide assistance as described in this component.
14. The facility permits detainees to assist other detainees, voluntarily and free of charge, in researching and preparing legal documents.	Meets Standard	Detainees may assist other detainees if they do so voluntarily and free of charge.
15. Unrepresented illiterate, limited-English proficient, or disabled detainees who wish to pursue a legal claim related to their immigration proceedings or detention, and who indicate difficulty with the legal materials, must be provided assistance beyond access to a set of English-language law books. To the extent practicable and consistent with the good order and security of the facility, efforts will be made to assist all illiterate, limited-English proficient, and disabled persons in using the law library.	Meets Standard	
16. The facility shall permit a detainee to retain all personal legal material upon admittance to the general population or Administrative Segregation or Disciplinary Segregation units, unless this would create a safety, security or sanitation hazard. Stored legal materials are accessible within 24 hours of a written request. Detainees with scheduled immigration hearings within 72 hours are provided access to their personal legal materials to the extent practicable.	Meets Standard	
17. Detainees housed in Administrative Segregation and Disciplinary Segregation units have the same law library access as the general population, unless compelling security concerns require limitations.	Meets Standard	Detainees in segregation have access to the law library and legal materials.
18. Denial of access to the law library must be: <ul style="list-style-type: none"> Supported by compelling security concerns, Be for the shortest period required for security, and Be fully documented in the Special Management Unit housing logbook. Documented, with reasons listed, in the detention file. The facility shall notify the Field Office every time access is denied and send a copy of the proper documentation.	Meets Standard	Policy addresses the requirements of this component.

STANDARD 6.3. LAW LIBRARIES AND LEGAL MATERIALS (Key: AK)

This detention standard protects detainees' rights by ensuring their access to courts, counsel, and comprehensive legal materials.

Components	Rating	Remarks (1000 Char Max)
19. The facility shall provide assistance to any unrepresented detainee who requests a notary public, certified mail, or other such services to pursue a legal matter, if the detainee is unable do so through a family member, friend, or community organization.	Meets Standard	Detainees may receive staff assistance for notary services, certified mailing, or other similar services.
20. Staff shall not permit a detainee to be subjected to reprisals, retaliation or penalties because of a decision to seek judicial or administrative relief or investigation of any matter.	Meets Standard	Retaliation, reprisals, or penalties for the pursuit of judicial or administrative relief are not permitted. There is no indication to suggest that any such behavior occurs.

STANDARD 6.3. LAW LIBRARIES AND LEGAL MATERIALS – Reviewer Summary

(Use following format for dates: mm/dd/yyyy)

Overall Remarks: (Record significant facts, observations, other sources used, etc.) (5000 Character Max)

Detainees have access to legal material that exceeds the provisions of the standard. There are thirteen computers in the law library with the LexisNexis program installed, and two kiosks in every detainee housing unit with the LexisNexis program installed. These computers and kiosks provide detainees with access to immigration laws and information associated with immigration law.

ICE determines acceptance of outside published materials into the law library based on usefulness of the materials and space limitations, and notifies the submitter if materials are declined. Outdated legal materials are removed from the law library by the library supervisor and damaged or stolen materials are replaced as necessary.

Each detainee has the opportunity to research his legal status and is provided the necessary equipment and materials. ICE makes decisions regarding unpublished outside material requests within thirty days. When outside persons and organizations are permitted to submit legal materials for inclusion in the law library which are in a language other than English, an English translation is provided.

The employee assigned to the library monitors detainees using the law library. Photocopies for legal proceedings are available upon request. Requests are denied only if the document poses a security risk, threat to orderly operations, violation of any law or regulation and/or the request is clearly abusive or excessive. An employee inspects documents offered for photocopying to ensure they comply with these rules, but does not read legal documents.

Indigent detainees are provided free envelopes and stamps for domestic mail related to their legal matters and for correspondence to a legal representative, or a potential legal representative or any court. Requests to send international mail are reviewed and approved as appropriate.

The detainee handbook and postings in the housing units provide law library information, including rules, procedures, hours, information on how to request additional time in the law library, and how to access legal materials, how to request materials not included in the library, and how to report missing or damaged material.

During the evaluation of this standard, the law library was inspected; the LexisNexis program was manipulated; an immigration attorney, employees and detainees were interviewed; and policy and the detainee handbook were reviewed.

Overall Rating: Meets Standard**Reviewer Name (Printed)** (b)(6), (b)(7)(C)**Completion Date:** 10/6/2016

STANDARD 6.3. LAW LIBRARIES AND LEGAL MATERIALS – Reviewer Summary

(Use following format for dates: mm/dd/yyyy)

Reviewer Signature (for printed form submission):

STANDARD 6.4. LEGAL RIGHTS GROUP PRESENTATIONS (Key: AL)

This detention standard protects detainees' rights by providing all detainees access to information presented by authorized persons and organizations for the purpose of informing them of U.S. immigration law and procedures.

Standard N/A

Click the above button if No Group Presentations were conducted within the past 12 months. (All Line Items and standard will be rated "N/A")

Components	Rating	Remarks (1000 Char Max)
1. If upon notification by the Field Office Director that a group presentation on legal rights has been approved, the facility administrator shall telephone the listed contact person to arrange a mutually acceptable date and time for the presentation according to the standard.	N/A	
2. PRIORITY: At least 48 hours before a scheduled presentation, facility staff shall in each housing unit prominently display the informational posters provided by the presenter, and provide a sign-up sheet for detainees who plan to attend. Detainees that fail to sign up shall not be deprived of the opportunity to attend a presentation for that reason. The facility shall ensure that presentations are open to all detainees, regardless of the presenter's intended audience, except when a particular detainee's attendance would pose a security risk. Detainees in segregation are notified in advance of a presentation and provided the opportunity to attend. If the attendance of a detainee in segregation would pose a security risk, facility staff shall make arrangements with the presenters to offer a separate presentation and individual consultation to the detainee.	N/A	
3. One or more legal assistants may help with a presentation.	N/A	
4. The presenters ordinarily will have at least one hour for the presentation and additional time for a question-and-answer session. ICE/ERO and/or facility staff may observe and monitor presentations, assisted by interpreters as necessary. ICE/ERO and facility personnel will not interrupt a presentation, except for security purposes or if the allotted time has expired.	N/A	
5. If approved in advance by ICE/ERO, presenters may distribute brief written materials that inform detainees of U.S. immigration law and procedure. The request for approval of a presentation must list any published or unpublished materials proposed for distribution, and the requestor must provide a copy of any unpublished material, with a cover page.	N/A	
6. Following a group presentation, the facility shall permit presenters to meet with small groups of detainees to discuss their cases as long as meetings do not interfere with facility security and orderly operations.	N/A	

STANDARD 6.4. LEGAL RIGHTS GROUP PRESENTATIONS (Key: AL)

This detention standard protects detainees' rights by providing all detainees access to information presented by authorized persons and organizations for the purpose of informing them of U.S. immigration law and procedures.

Standard N/A

Click the above button if No Group Presentations were conducted within the past 12 months. (All Line Items and standard will be rated "N/A")

Components	Rating	Remarks (1000 Char Max)
7. The facility may discontinue or temporarily suspend group presentations by any or all presenters, if they: <ul style="list-style-type: none"> Pose an unreasonable security risk; Interfere substantially with the facility's orderly operation; Deviate materially from approved presentation materials or procedures; or if The facility is operating under emergency conditions. 	N/A	
8. PRIORITY: If ICE/ERO approves an electronic presentation submitted by qualified individuals or organizations, the facility shall provide regularly scheduled and announced opportunities for detainees in the general population to view or listen to the electronic presentation(s). Each facility shall present only ICE/ERO-approved electronic presentations on detainee legal rights.	N/A	
9. The facility shall also provide detainees in administrative or disciplinary segregation for more than one week with at least one opportunity to view pre-approved presentation(s) during their placement in segregation, unless precluded by security concerns regarding a particular detainee.	N/A	
10. The facility shall maintain electronically-formatted presentations and equipment in good condition.	N/A	

STANDARD 6.4. LEGAL RIGHTS GROUP PRESENTATIONS – Reviewer Summary

(Use following format for dates: mm/dd/yyyy)

Overall Remarks: (Record significant facts, observations, other sources used, etc.) (5000 Character Max)

The standard provides that facilities may have Legal Orientation Programs (LOPs) which are government funded and for which the specific requirements and procedures outlined in the standard for legal rights group presentations do not apply. The Esperanza Group, an LOP funded by a grant from the Department of Justice, provides informational presentations at this facility. The LOP targets newly arriving detainees.

Overall Rating: N/A

Reviewer Name (Printed)

(b)(6);(b)(7)(C)

Completion Date: 10/6/2016

Reviewer Signature (for printed form submission):

Section VII: ADMINISTRATION & MANAGEMENT

Detention Files
News Media Interviews and Tours
Staff Training
Transfer of Detainees

STANDARD 7.1. DETENTION FILES (Key: AM)

This detention standard contributes to efficient and responsible facility management by maintaining, for each detainee booked into a facility for more than 24 hours, a file of all significant information about that detainee. This standard also addresses security for electronic files.

Components	Rating	Remarks (1000 Char Max)
1. For every new arrival whose stay will exceed 24 hours, a designated officer shall create a detainee detention file.	Meets Standard	A detention file is created for each detainee upon admission to the facility.
2. The detainee detention file contains either originals or copies of documentation and forms generated during the admissions process.	Meets Standard	Detention files contain Form I-203, I-213, I-385, detainee photographs, classification documents, personal property inventory records and receipts, and other documents generated or received during the admissions process.
3. The detention files are located and maintained in a secured area.	Meets Standard	The detention files are located and maintained in a secure storage room in the administrative offices area.
4. Each detention file remains active during the detainee's stay. When the detainee is released from the facility, staff add copies of completed release documents, the original closed-out receipts for property and valuables, the original I-385 or equivalent and other documentation.	Meets Standard	Detention files remain active during the detainee's stay. Upon release of the detainee, the releasing officer adds copies to the file of the Form I-203 authorizing the release, and closed out property and fund receipts. The file is stamped as "completed", dated, and initialed by the releasing employee.
5. At a minimum, a logbook entry recording the file's removal from the cabinet shall include: <ul style="list-style-type: none"> • The detainee's name and A-File number; • Date and time removed; • Reason for removal; • Signature of person removing the file, including title and department; • Date and time returned; and • Signature of person returning the file. 	Meets Standard	
6. Electronic record-keeping systems and data are protected from unauthorized access.	Meets Standard	Electronic record-keeping systems and data are password protected.

STANDARD 7.1. DETENTION FILES – Reviewer Summary

(Use following format for dates: mm/dd/yyyy)

STANDARD 7.1. DETENTION FILES – Reviewer Summary*(Use following format for dates: mm/dd/yyyy)***Overall Remarks:** *(Record significant facts, observations, other sources used, etc.) (5000 Character Max)*

Detention files are created and maintained for all detainees and document the various details of the detainee's stay. Forms documenting the file activation and deactivation are maintained in all files.

The intake area has the necessary equipment and supplies to process detainees. Defective and extra copies of all forms and documents generated during the admissions process are disposed of properly.

The field office maintains files as needed and retains all inactive files as stipulated by the standard. Approved personnel have access to detention files on an as needed basis and for official purposes only. Information may only be released to an outside third party when the detainee has signed a release of information consent form consistent with state and federal regulations, and ICE has approved the request.

This standard was evaluated via staff interviews, inspection of active and archived detention files, examination of the detention file sign-out log, and policy review.

Overall Rating: Meets Standard**Reviewer Name (Printed):**

(b)(6);(b)(7)(C)

Completion Date: 10/6/2016**Reviewer Signature (for printed form submission):**

STANDARD 7.2. INTERVIEWS AND TOURS (Key: AN)

This detention standard ensures that the public and the media are informed of events within the facility's areas of responsibility through interviews and tours.

Components	Rating	Remarks (1000 Char Max)
1. Interviews by reporters, other news media representatives, non-governmental organizations, academics, and parties not included in other visitation categories in the Detention Standard on Visitation shall be permitted access to facilities only by special arrangement and with prior approval of the respective ICE/ERO Field Office Director.	Meets Standard	Requests for interviews by reporters, other news media representatives, academics and parties not included in other visitation categories are approved by the FOD.
2. News media organizations shall abide by the policies and procedures of the facility being visited or toured. Media representatives must obtain advance permission from the facility administrator and FOD before taking photographs in or of any facility. The facility administrator shall advise both media representatives and detainees that use of any detainee's name, identifiable photo, or recorded voice requires his or her prior permission.	Meets Standard	
3. Media representatives shall obtain a signed release from the detainee before photographing or recording his or her voice. The original of the form is to be filed in the detainee's A-file with a copy in the facility's Detention File.	Meets Standard	After approval from the FOD, the requesting media must obtain a signed release from the detainee. The original form is stored in the A-file and a copy is placed in the detention file.
4. Detainees should not be pressured or coerced out of granting a personal interview request, nor should the facility in any way retaliate against a detainee for lawful communication with a member of the media or a member of the public.	Meets Standard	Detainees are not coerced to grant or deny media or public contact.
5. A press pool may be established when the Public Affairs Officer, Field Office Director and facility administrator determine that the volume of interview requests warrants such action.	Meets Standard	
6. If a tour or visit by a non-governmental organization or other stakeholders is approved by ICE/ERO, the facility shall post both the ICE sign-up sheet and the ICE stakeholder tour/visit notification flyer at least 48 hours in advance of the tour or visitation in appropriate locations (e.g. message boards, housing areas). Facility staff permit NGO or stakeholder access to pre-identified detainees and/or detainees who have signed up in advance to speak with the stakeholder.	Meets Standard	

STANDARD 7.2. INTERVIEWS AND TOURS – Reviewer Summary

(Use following format for dates: mm/dd/yyyy)

STANDARD 7.2. INTERVIEWS AND TOURS – Reviewer Summary*(Use following format for dates: mm/dd/yyyy)***Overall Remarks:** *(Record significant facts, observations, other sources used, etc.) (5000 Character Max)*

The public and the media are informed of events within the facility's area of responsibility through interviews and tours as approved by ICE. The privacy of detainees and staff, including the right of a detainee not be photographed or recorded, is protected. Media representatives, media visitors, tours, personal interviews, press pools and visits by NGOs are all approved by ICE.

Access is not denied based on the political or editorial viewpoint of the requestor. Prior to any tour, visitors are advised of the terms and guidelines of the tour.

This standard was evaluated via policy review and staff interviews.

Overall Rating: Meets Standard

Reviewer Name (Printed): (b)(6),(b)(7)(C)

Completion Date: 10/6/2016

Reviewer Signature (for printed form submission):

STANDARD 7.3. STAFF TRAINING (Key: AO)

This detention standard ensures that facility staff, contractors, and volunteers are competent in their assigned duties by requiring that they receive initial and ongoing training.

Components	Rating	Remarks (1000 Char Max)
1. The facility conducts appropriate orientation, initial training, and annual training for all staff, contractors, and volunteers with appropriate assessment measures.	Meets Standard	Policy and procedure outline a comprehensive training plan for staff, contractors and volunteers. The training includes initial, annual and specialized training. The training program includes the use of written examinations to demonstrate trainee competency.
2. The amount and content of training is consistent with the duties and function of each individual and the degree of direct supervision that individual receives.	Meets Standard	
3. At least one qualified individual with specialized training for the position coordinates and oversees the staff development and training program. At a minimum, training personnel complete a 40-hour training-for-trainers course.	Meets Standard	The training administrator and all trainers have completed the forty-hour training for trainer's course.
4. Training is governed and guided by a training plan that is reviewed and approved annually by the facility administrator.	Meets Standard	The training plans have been reviewed and approved by the OIC. The last review and approval of the plan was 06/06/2016.
5. Training shall be conducted by trainers certified in the subject matter.	Meets Standard	
6. Each trainee shall be required to pass a written or practical examination to ensure the subject matter has been mastered.	Meets Standard	
7. The formal training received by each trainee shall be fully documented in permanent training records.	Meets Standard	Training records are maintained for each employee by the training manager. The training files are maintained in individual staff folders and electronically.

STANDARD 7.3. STAFF TRAINING (Key: AO)

This detention standard ensures that facility staff, contractors, and volunteers are competent in their assigned duties by requiring that they receive initial and ongoing training.

Components	Rating	Remarks (1000 Char Max)
<p>8. Each new employee, contractor, and volunteer is provided an orientation prior to assuming duties. While tailored specifically for staff, contractors, and volunteers, the orientation programs include, at a minimum:</p> <ul style="list-style-type: none"> • ICE/ERO detention standards • Cultural and language issues, including requirements related to limited English proficient detainees • Requirements related to detainees with disabilities and special-needs detainees • Code of ethics • Drug-free workplace • Emergency plans and procedures • Signs of suicide risk, suicide precautions, prevention, and intervention • Use of force • Key and lock control • Tour of the facility • Staff rules and regulations • Sexual abuse/sexual misconduct awareness and reporting • Hostage situations and staff conduct if taken hostage 	Meets Standard	All new employees, volunteers and contractors receive orientation and initial training prior to assuming their duties. The training includes all the subject matter listed in this component.
<p>9. Employees and contractors who have minimal detainee contact and no significant responsibilities involving detainees receive initial and annual training that includes:</p> <ul style="list-style-type: none"> • ICE/ERO detention standards update • Cultural and language issues including requirements related to limited English proficient detainees • Requirements related to detainees with disabilities and special needs detainees • Code of ethics • Staff rules and regulations • Key and lock control • Signs of suicide risk, suicide precautions, prevention, and intervention • Drug-free workplace • Health-related emergencies • Emergency plans and procedures • Sexual abuse and sexual misconduct awareness • Hostage situations and staff conduct if taken hostage 	Meets Standard	All new employees, volunteers and contractors receive orientation and initial training prior to assuming their duties. The training includes all the subject matter listed in this component.

STANDARD 7.3. STAFF TRAINING (Key: AO)

This detention standard ensures that facility staff, contractors, and volunteers are competent in their assigned duties by requiring that they receive initial and ongoing training.

Components	Rating	Remarks (1000 Char Max)
<p>10. Professional and support employees (including contractors) who have regular or daily detainee contact will receive initial and annual training on the following subjects, at a minimum:</p> <ul style="list-style-type: none"> • ICE/ERO detention standards • Cultural and language issues including requirements related to limited English proficient detainees • Requirements related to detainees with disabilities and special needs detainees • Security procedures and regulations • Sexual harassment and sexual misconduct awareness (including the contents of Standard 2.11) • Appropriate conduct with detainees • Code of Ethics • Health-related emergencies • Drug-free workplace • Supervision of detainees • Signs of hunger strike • Signs of suicide risk, suicide precautions, prevention, and intervention • Use-of-force regulations • Hostage situations and staff conduct if taken hostage • Report writing • Detainee rules and regulations • Key and lock control • Rights and responsibilities of detainees • Safety procedures • Emergency plan and procedures • Interpersonal relations • Communication skills • Cardiopulmonary resuscitation (CPR)/First aid • Counseling techniques 	Meets Standard	All new professional and support employees, including contractors who have regular detainee contact, receive 137 hours orientation and initial training prior to assuming their duties. The training includes all of the subject matter listed in this component.

STANDARD 7.3. STAFF TRAINING (Key: AO)

This detention standard ensures that facility staff, contractors, and volunteers are competent in their assigned duties by requiring that they receive initial and ongoing training.

Components	Rating	Remarks (1000 Char Max)
11. Full-time health care employees receive, in addition to the training areas above, instruction in the following: <ul style="list-style-type: none"> • Medical grievance procedures and protocols • Emergency medical procedures • Occupational exposure • Personal protective equipment • Bio-hazardous waste disposal • Overview of the detention operations. 	Meets Standard	Full-time health care employees receive additional training that includes all of the subjects listed in this component. The training is conducted by facility medical personnel.
12. Security personnel will receive, in addition to the training areas above, training on the following subjects, at a minimum: <ul style="list-style-type: none"> • Searches of detainees, housing units, and work areas • Self-defense techniques • Use-of-force regulations and tactics 	Meets Standard	A review of the training curriculum indicated that security personnel training includes each of the listed topics in this component. Security personnel receive a total of 137 hours of training during the initial orientation training.
13. Situation Response Teams (SRTs) receive: <ul style="list-style-type: none"> • Specialized training before undertaking their assignments. 	Meets Standard	The Correctional Emergency Response Team (CERT) members receive forty hours of specialized training before participating in CERT missions. The team also trains eight hours per month.
14. PRIORITY: Personnel authorized to use firearms receive training that covers their use, safety, and care and constraints on their use -- before being assigned to a post involving their possible use. All personnel authorized to use firearms demonstrate competency in their use at least annually.	Meets Standard	Employees trained in the use of firearms receive 24 hours initial training that cover their use, safety, and care and constraints prior to being assigned to a post involving their possible use. The employees are required annually to demonstrate competency in their use of firearms by completing an eight-hour recertification course.
15. PRIORITY: Personnel authorized to use chemical agents receive training in the use of chemical agents and in the treatment of individuals exposed to a chemical agent before being assigned to a post involving their possible use.	Meets Standard	Per policy, employees authorized to use chemical agents will receive eight hours of training in the use of chemical agents and in the treatment of individuals exposed to such before being assigned to a post involving their possible use. Only detention supervisors and CERT are authorized to use chemical agents, and then only with the approval of the OIC.

STANDARD 7.3. STAFF TRAINING – Reviewer Summary*(Use following format for dates: mm/dd/yyyy)***Overall Remarks:** *(Record significant facts, observations, other sources used, etc.) (5000 Character Max)*

The comprehensive training programs ensure staff, volunteers and contractors are provided with appropriate training prior to entering the facility and having contact with the detainee population. A review of staff training files confirmed that an accurate and complete record of formal training is being maintained.

Employees at the facility are encouraged to continue their education and professional development through the GEO Group Inc. education assistance program. Eligible employees may receive reimbursement for pre-approved college courses.

The facility has received ACA and NCCHC accreditation. Evaluation of this standard was based on a review of the training policy, interviews with training staff, and a review of training records and the training curriculum.

Overall Rating: Meets Standard**Reviewer Name (Printed):** (b)(6);(b)(7)(C)**Completion Date:** 10/6/2016**Reviewer Signature (for printed form submission):**

STANDARD 7.4. DETAINEE TRANSFERS (Key: AP)

This detention standard is written to ensure that transfers of detainees from one facility to another are accomplished in a manner that ensures the safety and security of the staff, detainees, and the public; and that the process relating to transfers of detainees is carried out professionally and responsibly with respect to notifications, detainee records, and the protection of detainee funds and property.

Components	Rating	Remarks (1000 Char Max)
1. The sending facility ensures that: <ul style="list-style-type: none"> • Specific plans and time schedules are not discussed with the detainee prior to transfer. • The detainee is notified of the transfer immediately prior to departing the facility, in a language or manner he/she can understand. • The detainee is not permitted to make or receive any phone calls, or have contact with any detainee in the general population, until he/she reaches the destination facility. 	Meets Standard	ICE officers make all transfer notifications independent of, and without informing, facility staff; nonetheless, policy addresses all requirements of this component.
2. The sending facility shall ensure that the detainee acknowledges at the time of transfer, in writing, that: <ul style="list-style-type: none"> • He or she has received the transfer destination information; • It is his or her responsibility to notify family members if so desired, upon admission into the receiving facility; and • He or she may place a domestic phone call, at no expense to the detainee, upon admission into the receiving facility. 	Meets Standard	ICE provides the detainee with a written transfer notification that includes the required information.
3. A detainee may not be transferred from any facility without the appropriate Form I-203 or I-216 or equivalent authorizing the detail.	Meets Standard	Form I-203 or I-216 is completed for all transfers.
4. The facility health care provider shall be notified sufficiently in advance of the transfer that medical staff may determine and provide for any associated medical needs.	Meets Standard	

STANDARD 7.4. DETAINEE TRANSFERS (Key: AP)

This detention standard is written to ensure that transfers of detainees from one facility to another are accomplished in a manner that ensures the safety and security of the staff, detainees, and the public; and that the process relating to transfers of detainees is carried out professionally and responsibly with respect to notifications, detainee records, and the protection of detainee funds and property.

Components	Rating	Remarks (1000 Char Max)
<p>5. When a detainee is transferred within the ICE Health Service Corps (IHSC) system, ICE/ERO shall ensure that:</p> <ul style="list-style-type: none"> Form USM-553, or equivalent Medical Transfer Summary, and a copy of the detainee's full medical record accompanies the detainee; and The full medical record is placed in a sealed envelope or other container labeled with the detainee's name and A-number and marked "MEDICAL CONFIDENTIAL." <p>When a detainee is transferred to an IGSA detention facility, the sending facility shall ensure that the Transfer Summary accompanies the detainee. A copy of the full medical record must accompany each detainee during transfer unless extenuating circumstances make this impossible, in which case the full medical record will follow as soon as practicable.</p>	Meets Standard	Medical records accompany all transferring detainees and transfers are otherwise handled according to the requirements of this component.
<p>6. The sending facility's medical staff shall prepare a Transfer Summary that must accompany the transferee. Either the USM 553 Form or a facility-specific form may be used, provided it shows:</p> <p>TB clearance, including PPD with the test dates, and Chest x-ray results if the detainee has received a positive PPD reading;</p> <p>Current mental and physical health status, including all significant health issues;</p> <p>Current medications, with specific instructions for medications that must be administered en route;</p> <p>Any pending medical or mental health evaluations, tests, procedures, or treatments for a serious medical condition scheduled for the detainee at the sending facility; and</p> <p>The name and contact information of the transferring medical official.</p>	Meets Standard	
<p>7. Transportation staff may not transport a detainee without the required Transfer Summary, which is essential for detainee safety while in transit.</p>	Meets Standard	Transfer summaries accompany every transferring detainee.
<p>8. Upon receiving notification that a detainee is to be transferred, appropriate medical staff at the sending facility shall notify the facility administrator of any medical/psychiatric alerts or holds that have been assigned to the detainee, as reflected in the detainee's medical records. The facility administrator shall notify ICE/ERO of any medical/psychiatric alerts or holds placed on a detainee that is to be transferred.</p>	Meets Standard	

STANDARD 7.4. DETAINEE TRANSFERS (Key: AP)

This detention standard is written to ensure that transfers of detainees from one facility to another are accomplished in a manner that ensures the safety and security of the staff, detainees, and the public; and that the process relating to transfers of detainees is carried out professionally and responsibly with respect to notifications, detainee records, and the protection of detainee funds and property.

Components	Rating	Remarks (1000 Char Max)
9. If a detainee has been placed in a medical hold status, the detainee must be evaluated and cleared by a licensed independent practitioner prior to transfer. If the evaluation indicates that transfer is medically appropriate but that health concerns associated with the transfer remain, medical staff at the sending facility shall notify ICE and shall provide ICE requested information and other assistance, to the extent practicable, to enable ICE to make appropriate transfer determinations.	Meets Standard	Procedure is as stipulated by this component.
10. PRIORITY: Prior to transfer, medical personnel shall provide the transporting officers instructions and, if applicable, medication(s) for the detainee's care in transit. Detainees shall be transferred with, at a minimum, 7 days' worth of prescription medications (TB medications, a 15 day supply) to ensure continuity of care throughout the transfer and subsequent intake process. Medications shall be: <ul style="list-style-type: none"> Placed in a property envelope with the detainee's name and A-number, and appropriate administration instructions, on it, Accompany the transfer, and If unused, be turned over to the receiving medical personnel. 	Meets Standard	Medical personnel provide the information and medication required by this component to transport officers prior to transfer. Medication is packaged as stipulated by this component. Unused medication that arrives at this facility with detainees is released to medical personnel.
11. Before transfer, the sending facility shall return all funds and small valuables to the detainee and close out all forms G-589 (or local IGSA funds and valuables receipts) in accordance with the Detention Standard on Funds and Personal Property.	Meets Standard	All property and funds are returned to and transfer with the detainee. Property forms are closed-out accordingly.
12. After admission into the receiving facility or Field Office, all detainees must be given the documented opportunity to make one domestic three-minute phone call at no cost to the detainee. The responsible processing supervisor or his/her designee shall ensure that the detainee is promptly informed that he/she may notify interested persons of the transfer.	Meets Standard	

STANDARD 7.4. DETAINEE TRANSFERS – Reviewer Summary

(Use following format for dates: mm/dd/yyyy)

STANDARD 7.4. DETAINEE TRANSFERS – Reviewer Summary*(Use following format for dates: mm/dd/yyyy)***Overall Remarks:** *(Record significant facts, observations, other sources used, etc.) (5000 Character Max)*

Detainees are transferred in a manner that protects the staff, detainees, and public, and with the proper authorization and timely notifications. Transfers are conducted in accordance with required notification, safety, and medical requirements as specified in the standard.

During the evaluation of this standard, policy was reviewed, detainee releases were observed, and employees were interviewed.

Overall Rating: Meets Standard**Reviewer Name (Printed)** (b)(6);(b)(7)(C)**Completion Date:** 10/6/2016**Reviewer Signature (for printed form submission):**

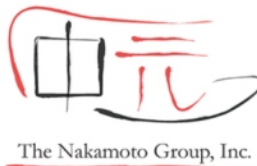
DOCUMENT CHECK

The document check should be run upon completion of the review form and PRIOR to submission to DHS-ICE. This check will help ensure the form is ready for upload to DHS-ICE systems. Errors indicate issues were found with specific data entered into the form. Items Not Rated indicate there were line items found on the form which remain in a "Not Rated" status. This action will also update the table of contents.

The check will take several minutes to complete, during which the screen will flash.

Review Document Issue Summary		Ratings check complete.			
Check Document:	Run Check	Error(s) Found:	0	Items Not Rated:	0
Errors: <div style="border: 1px solid black; padding: 10px; min-height: 150px;"> No Errors Found </div>					
Items Not Rated: <div style="border: 1px solid black; padding: 10px; min-height: 300px;"> All Items Rated </div>					

Run Indicator: ☒



October 6, 2016

TO:

(b)(6);(b)(7)(C)

Assistant Director for Detention Management

FROM:

(b)(6);(b)(7)(C)

Lead Compliance Inspector
The Nakamoto Group, Inc.

SUBJECT:

Annual Detention Inspection of the Adelanto Detention Facility West

The Nakamoto Group, Inc. performed an annual inspection for compliance with the ICE Performance-Based National Detention Standards (PBNDS) 2011 of the Adelanto Detention Facility West in Adelanto, CA during the period of October 4- 6, 2016. This is a DIGSA.

The annual inspection was performed under the guidance of Mark H. Saunders, Lead Compliance Inspector. Team Members were:

Subject Matter Field	Team Member
Security	(b)(6);(b)(7)(C)
Detainee Rights	
Medical Care	
Safety	

Type of Inspection

This is a scheduled annual inspection, which is performed to determine overall compliance with the ICE PBNDS 2011 for Over 72 hour facilities. The facility received a previous rating of Meets Standards during the October 2015 inspection.

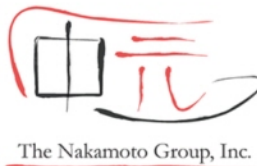
Inspection Summary

The Adelanto Detention Facility West is currently accredited by:

- The American Correctional Association (ACA) – Yes
- The National Commission on Correctional Health Care (NCCHC) – Yes
- The Joint Commission (TJC) – No
- Prison Rape Elimination Act (PREA) – No

Standards Compliance

The following information is a summary of the standards that were reviewed and overall compliance that was determined as a result of the 2015 and 2016 PBNDS 2011 compliance annual inspections:



2015 Inspection	
Meets Standards	40
Does Not Meet Standards	0
Repeat Finding	0
Not Applicable	2

2016 Inspection	
Meets Standards	40
Does Not Meet Standards	0
Repeat Finding	0
Not Applicable	2

The inspection team identified four (4) deficient components in the following four (4) standards:

Funds and Personal Property- 1, which is a repeat deficiency
SAAPI- 1
Special Management Unit- 1, which is a Priority Component
Law Libraries and Legal Material- 1

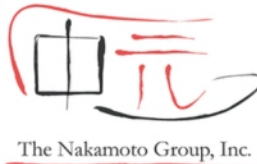
Facility Snapshot/Description

The Adelanto Detention Facility West is owned and operated by the GEO Group and is located in a commercial district of southeastern Adelanto, CA, a high desert region. The current ICE contract was promulgated between ICE and the City of Adelanto, CA. GEO is the sub-contractor for the City. The one-story direct-supervision facility houses adult male detainees of all classification levels for ICE. Female detainees are not housed at this facility except when severe mental illness requires temporary segregated housing for a female from the adjacent facility. During the inspection, the total count was 1217. The average length of stay for an ICE detainee is 51 days.

The housing units consist of upper and lower ranges of cells in every housing unit. There are three general population housing units, each containing four 80-person cellblocks. There are also two segregation cellblocks. The housing units have spacious dayrooms, and the cell doors are never locked, except in the segregation areas. Every unit has two televisions, telephone banks, and various games. There are two kiosks loaded with the LexisNexis program in every unit, available to detainees 24 hours a day, seven days a week. There is one outdoor recreation area for every two cellblocks, and outdoor recreation times are shared between them. There is also a large centralized outdoor recreation yard in which all detainees are offered at least one hour per day of recreation. The facility emits a relaxed atmosphere throughout. Detainees interact with staff and each other without hesitation or noticeable anxiety. Detainees were forthcoming in interviews with the inspection team, and no common complaints were noted. There were two complaints about the food, specifically that it “did not taste like the food from our country”. Detainees expressed that they felt safe at this facility. With one exception, detainees stated that they were familiar with ICE officers.

The staff seemed professional and displayed a clear understanding of the concept of civil detention and the PBNDS Standards, as a number of components are being accomplished at the optimal levels. A majority of the staff is bilingual. Interviews with LEP detainees indicated that they had no issues communicating with staff and no problems obtaining services that they needed. Confidential interviews revealed no issues or concerns, other than two detainees who felt “sad”. They were referred to medical services for a mental health screening. The inspection team interviewed no less than 110 ICE detainees during the course of the inspection.

Medical services are provided by Correct Care Solutions. All other services are provided by the GEO Group.



Areas of Concern/Significant Observations

Priority Component rated as Does Not Meet Standard

Special Management Units

Priority Component #11: states in part “When a detainee has spent seven days in administrative segregation, and every week thereafter for the first 30 days, and at least every 10 days thereafter, a supervisor conducts a similar review, including an interview with the detainee...”.

Finding: The facility does not include an interview with the subject detainee as part of the administrative segregation review process.

Recommendation: The facility should interview every detainee as part of the administrative segregation review process.

Recommended Rating and Justification

The Lead Compliance Inspector recommends that the facility receive a rating of Meets Standards. The facility complies with the ICE Performance-Based National Detention Standards (PBNDS) 2011. No (0) standards were found Does Not Meet Standards and two (2) standards were Not Applicable (N/A). All remaining forty (40) standards were found to be in compliance.

LCI Assurance Statement

The findings of Meets Standards and Does Not Meet Standards are accurately and completely documented on the G-324A Inspection Form and are supported by documentation in the inspection file. An out brief was conducted at the facility and in addition to the entire Nakamoto Group, Inc. Inspection Team, the following were present:

- ICE Officials – AFOD (b)(6),(b)(7)(C) AFOD (b)(6),(b)(7)(C) SDDO (b)(6),(b)(7)(C) SDDO (b)(6),(b)(7)(C) SDDO (b)(6),(b)(7)(C) DO (b)(6),(b)(7)(C) DO (b)(6),(b)(7)(C) IHSC FMC Margaret Mahool
- Facility Staff – Warden James Janecka, Deputy (b)(6),(b)(7)(C) Assistant Warden (b)(6),(b)(7)(C) Major (b)(6),(b)(7)(C) and various supervisors and staff

(b)(6),(b)(7)(C)

Lead Compliance Inspector

October 6, 2016

Printed Name of LCI

Date